| NO. OF COPIES REC                  | EIVED        |          |                              |                  |                      |                      | -                             |                   |                  |
|------------------------------------|--------------|----------|------------------------------|------------------|----------------------|----------------------|-------------------------------|-------------------|------------------|
|                                    |              |          |                              |                  | Form C-101           |                      |                               |                   |                  |
| SANTA FE                           |              |          |                              |                  |                      | Revised 1-1-65       |                               |                   |                  |
| FILE                               |              |          |                              |                  |                      |                      | 5A. Indicate T                | ype of Lease      |                  |
| U.S.G.S.                           | U.S.G.S.     |          |                              |                  |                      |                      |                               | PEE               |                  |
| LAND OFFICE                        | LAND OFFICE  |          |                              |                  |                      |                      | .5. State Oil & Gas Lease No. |                   |                  |
| OPERATOR                           | ERATOR       |          |                              |                  |                      | B-229                |                               |                   |                  |
| ·                                  |              |          |                              |                  |                      |                      | IIIIII                        | <u>IIIIIII</u>    | $\Pi\Pi$         |
| AP                                 | PLICATION    | FOR PER  | RMIT TO DRILL, DEEP          | EN, OR PLUG      | BACK                 |                      |                               |                   |                  |
| la. Type of Work                   |              |          |                              |                  |                      |                      | 7. Unit Agreen                | aent Name         |                  |
|                                    | DRILL X      |          | DEEPEN                       |                  | PLU                  | G ВАСК 🗍             |                               |                   |                  |
| b. Type of Well                    |              |          |                              |                  |                      |                      | 8. Farm or Lea                |                   |                  |
| OIL X                              | GAS<br>WELL  | OTHE     | R                            | SINGLE<br>ZONE   |                      | ZONE                 |                               | amsay (NCT        | <u>-E)</u>       |
| 2. Name of Operator                |              |          |                              |                  |                      |                      | 9. Well No:                   |                   |                  |
| Gulf Oil                           |              | ion      |                              |                  |                      |                      | 7                             |                   |                  |
| 3. Address of Operct               | or           |          |                              |                  |                      |                      | 10. Field and                 | Pool, or Wildcat  |                  |
| Box 670 I                          | iobbs. N.1   | 4. 8824  | 0                            |                  |                      |                      | Langlie                       | Mattix            |                  |
| 4. Location of Well                | UNIT LETTER  | Р        | LOCATED 610                  | FEET FROM TH     | E Soui               | the LINE             |                               | MMM               | IIII.            |
|                                    |              |          |                              |                  |                      |                      |                               |                   | III.             |
| and 660                            | FEET FROM TH | ε Ea     | st Line of sec. 16           | тир. 25-         | S <sub>rge</sub> , 3 | 37-Е <sub>ымрм</sub> |                               | 7///////          | $\overline{III}$ |
|                                    |              |          |                              |                  | .//////              | ////////             | 12. County                    |                   | M H              |
|                                    |              |          |                              |                  |                      | ////////             | Lea                           |                   | <u>1111</u>      |
|                                    |              | IIIII    |                              |                  |                      |                      |                               | AHHHH             | 1111.            |
|                                    |              | //////   |                              |                  | 11111                |                      |                               |                   | 11112            |
|                                    |              |          |                              | 19. Proposed     | Depth                | 19A. Formation       | 1 2                           | 0. Rotary or C.T. | •                |
|                                    | ////////     |          |                              | 3700             |                      | Seven Ri             | vers Queer                    | n Rota            | ry               |
| 21. Elevations (Show               |              | l, etc.) | 21A. Kind & Status Plug. Bor | nd 21B. Drilling | Contractor           | г                    | 22. Approx. I                 | Date Work will st | art              |
| 3091                               | L' GL        |          | Blanket                      |                  |                      |                      | 3-1-                          | -77               |                  |
| 23.                                |              |          | PROPOSED CASING              |                  |                      |                      | λ                             |                   |                  |
| PROPOSED CASING AND CEMENT PROGRAM |              |          |                              |                  |                      |                      |                               |                   |                  |

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|--------------|----------------|-----------------|---------------|-----------------|----------|
| 11"          | 8 5/8"         | 24#             | 350           | Circulate       |          |
| 7 7/8"       | 4 1/2"         | 9.50#           | 3700          | Circulate       |          |
|              |                |                 |               |                 |          |
|              | ł              | l               | 1             | 1               | ł        |

BOP See drawing No 2 attached

n in the second Substance in Heest Lindeno (Complete<mark>ree</mark>),

EXPIRES 5-16-77

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC-TIVE ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

| I hereby certify that the information above is true and comp<br>Signed   | ete to the best of my knowledge and belief.<br><u>Title</u> Area Production Manager | Date February 15,1977 |
|--|---|-----------------------|
| (This space for State Use)<br>APPROVED BY CONDITIONS OF APPROVAL IF ANY: | EUPERVISOR DISTINCT I   | DATE                  |



## 3000 PSI WORKING PRESSURE BLOWOUT PREVENTER HOOK-UP

Connect To Floor Manifold

The blowout preventer assembly shall consist of one blind ram preventer and one pipe ram preventer, both hydraulically operated; a Sheffer Tool Works stripper; valves ; chokes and connections, as illustrated. If a topered drill string is used, a ram preventer must be provided for each size of drill pipe. Casing and tubing rams to fit the preventers are to be available as needed. The ram preventers may be two singles or a double type. If correct in size, the flanged outlets of the ram preventer may be used for connecting to the 4-inch 1.D. choke flow line and kill line. The substructure height shall be sufficient to install a rotating blowout preventer.

operated devices simultaneously within <u>seconds;</u> after closure, the remaining accum ulator pressure shall be not less than 1000 PSI with the remaining accumulator fluid volume at least <u>percent of the original.</u> (3) <u>When requested</u>, an additional source of power, remote and equiva-lent, is to be available to operate the above pump (s); or there shall be an additional pump (s) operated by separate power and equal in performance (2) When requested, accumulators with a precharge of nitrogen of not less than 750 PSI and connected so as to receive a fluid charge from the above pump (s). With the charging pump (s) shut down, the pressurized fluid volume stored in the accumulators must be sufficient to close all the pressure-Minimum operating equipment for the preventers shall be as follows: (1) Pump (s), driven by a continuous source of power, copuble of closing all the pressure-operated devices simultaneously within \_\_\_\_\_\_seconds. The pump (s) is to be connected to a closed type hydraulic operating system. capabilities. the pressure-operated devices simultaneously within\_

The clasing manifold shall have a separate control for each pressure-operated device. Controls are to be labeled, with control handles indicating open and closed positions. A pressure reducer and regulator must be provided if a Hydril preventer is used. Gulf Legion No. 38 hydraulic oil, an equivalent or better, is to be used as the fluid to operate the hydraulic aquipment.

spool and all ram type preventers must be equipped with stem extensions, universal joints if needed, and hand wheels which are to extend beyond choke lines shall be constructed as straight as possible and without sharp bends. Easy and safe access is to be maintained to the choke manifold. All valves are to be salected for operation in the presence of ail, gas, and drilling fluids. The choke flow line valve connected to the drilling the edge of the derrick substructure. All other valves are to be equipped with handles. The choke manifold, choke flow line, and choke lines are to be supported by metal stands and adequately anchored. The choke flow line and

## NEW MEXICO OIL CONSERVATION COMMISSION WELL L ATION AND ACREAGE DEDICATION P

•

|                                  |  | All distances must be i                            | rom the outer boundar | es of the Section |  |   |
|----------------------------------|--|--|-----------------------|-------------------|--|---|
| i perator                        |  | 1.   | Lease                 | 1                 | _ >  | Well No.  |
| Gulf Oll Corporation             |  |  | Arnott Romsey (NCT    |                   | -E)  | 7   |
| P                                | 16                                     | 25 South   | 37 East               | County            | Lea  |   |
| Actual Footige Location          |  | 1 20 00011   |                       |                   | Leu  |   |
|                                  | et from the SOL                        | Jth line and                                       | 660                   | feet from the     | East   | line  |
| Ground Level Elev.               | Producing Ec                           |  | Pool                  |                   | the second s | Pedicated Acteuge:                                  |
| 3090.5                           | Seven R                                | ivers Queen  | Langlie Ma            | ttix              |  | 40 Aures  |
| 1. Outline the a                 |  | ated to the subject w                              | ell by colored pen    | cil or hachure    | marks on the   |   |
| 2. If more than interest and re  | one lease is<br>oyalty).               | dedicated to the wel                               | l, outline each and   | d identify the    | ownership the  | reof (both as to working                            |
|                                  |  | different ownership is<br>unitization, force-pooli |                       | ell, have the     | interests of a   | Il owners been consoli-                             |
| Yes [                            | No If a                                | nswer is "yes," type o                             | f consolidation       |                   |  |   |
| this form if ne                  | cessary.)                              |  |                       |                   |  | ed. (Use reverse side of                            |
|                                  |  |  |                       |                   |  | unitization, unitization,<br>pproved by the Commis- |
| ·                                |  |  |                       |                   |  |   |
|                                  | 1                                      |  | 1                     |                   |  | CERTIFICATION                                       |
|                                  | ł                                      |  | ł                     |                   |  |   |
|                                  | 1                                      |  | \$                    |                   |  | tify that the information con-                      |
|                                  | 1                                      |  | ł                     |                   | 1  | n is true and complete to the                       |
|                                  | 1                                      |  | ł                     |                   | besnot my  | ledge and belief.                                   |
|                                  |  |  |                       |                   | ("H  | Sm Que  |
|                                  |  |  | 8                     |                   | Narre  |   |
|                                  | <u>+-</u>                              |  |                       |                   | C. D. BOR  | LAND  |
|                                  | 1                                      |  | **                    |                   | Position   |   |
|                                  | 1                                      |  | 1                     |                   |  | uction Manager                                      |
|                                  | j                                      |  |                       |                   | Comp thy   | - ·   |
|                                  | 1                                      |  |                       |                   | Date Date  | Corporation   |
|                                  |  |  | 1                     |                   | February   | 15 1977   |
|                                  |  |  | 1                     |                   | rebruary   | 15, 1577  |
|                                  | <del>-</del>                           |  | 1                     |                   |  |   |
|                                  | ł                                      |  | F                     |                   | I hereby co  | artify that the well location                       |
|                                  | l                                      |  |                       |                   | shown on th  | is plat was plotted from field                      |
|                                  | 1                                      |  |                       |                   | notes of ac  | tual surveys made by me or                          |
| GINEER                           | 8                                      | 1  | ł                     |                   | under my su  | pervision, and that the same                        |
| A. STATE                         | - Marine                               |  | ł                     |                   | is true and  | correct to the best of my                           |
| 12 5                             | m Visi                                 | 3  | 1                     |                   | knowledge u  | nd belief   |
| 9<br>9<br>9<br>9<br>8<br>67<br>6 | TIM                                    |  | 1                     |                   | Februar  | y 10, 1977  |
|                                  | O TOR                                  | •  |                       |                   | Date Surveye i   | ,,,   |
| OHN W. W                         | 1251                                   |  |                       | 0-650             | Hegisterei Pro<br>anaurianis   | tesstoabi Engineet<br>utveya:                       |
|                                  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 3  |                       |                   | John   | 7 Us West   |
| 28.21                            | анала                                  | 2.84   |                       |                   | Cerviliante 1.   | 676   |
| 330 650 90                       | 1325 1655 12                           | 80 2310 2640 2000                                  | 1500 1000             | <u>300 J</u>      | <u> </u>   |   |