

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, NM 87504-2088

Form C-101
Revised February 10, 1994
Instructions on back
submit to Appropriate District Office
State Lease - 6 Copies
Fee Lease - 5 Copies

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

Operator Name and Address. ARCH PETROLEUM, INC. 10 DESTA DRIVE, STE. 420E MIDLAND, TX 79705		OGRID Number 000962
		API Number 30-025-26480
Property Code 14916	Property Name LAURA J. MAY	Well No. 1

7 Surface Location									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North / South line	Feet from the	East / West line	County
H	27	22S	37E		1830	NORTH	480	East	Lea

8 Proposed Bottom Hole Location if Different From Surface									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North / South line	Feet from the	East / West line	County
Proposed Pool 1 BLINEBRY					Proposed Pool 2				

Work Type Code A	Well Type Code O	Cable / Rotary R	Lease Type Code P	Ground Level Elevation 3335'
Multiple YES	Proposed Depth 5920'	Formations BLINEBRY	Contractor	Spud Date

Proposed Casing and Cement Program					
Hole Size	Casing Size	Casing weight / foot	Setting Depth	Sacks of Cement	Estimated TOC

Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

WE PROPOSE TO:

POOH W/PRODUCING EQUIPMENT. SET RETRIEVABLE BRIDGE PLUG TO ISOLATE THE DRINKARD AND COMPLETE IN THE BLINEBRY FORMATION BY PERFORATING FROM 5455' TO 5920' AND FRAC TREAT AFTER ACID BREAKDOWN WITH 40,000 GALS. OF 35# X-LINK GEL AND 131,000 LBS. OF JORDAN SAND. TEST BLINEBRY AND DOWNHOLE COMMINGLE WITH DRINKARD.

Approval for workover -- CANNOT produce until Downhole Commingle is approved in Santa Fe - OCD.

Permit Expires 1 Year From Approval Date Unless Drilling Underway

Adding

I hereby certify that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION DIVISION	
Signature: <i>Bobbie Brooks</i>		Approved by: <i>[Signature]</i>	
Print name: Bobbie Brooks		Title: <i>[Signature]</i>	
Title: Production Analyst		Approval Date: <i>[Signature]</i> Expiration Date: <i>[Signature]</i>	
Date: 11/20/96	Phone: 685-1961	Conditions of Approval: Attached ☐	

C-101 Instructions

Measurements and dimensions are to be in feet / inches. Well locations will refer to the New Mexico Principal Meridian.

IF THIS IS AN AMENDED REPORT CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT.

1. Operator GRID number. If you do not have one it will be assigned and filed by the District office.
2. Operator's name and address.
3. API number of this well. If this is a new well the OCD will assign the number and fill it in.
4. Property code. If this is a new property the OCD will assign the number and fill it in.
5. Property name that used to be called 'well name'.
6. The number of this well on the property.
7. The surveyed location of this well New Mexico principal Meridian. NOTE: If the United States government survey designates a Lot Number for this location use that number in the UL or lot no. box. Otherwise use the OCD Unit letter.
8. The proposed bottom hole location of this well at TD.
- 9 and 10. The proposed pool(s) to which this well is being drilled.
11. Work type code from the following table:

N	New Well
E	Re-entry
D	Drill deeper
P	Plugback
A	Add a zone
12. Well type code from the following table:

O	Single oil completion
G	Single gas completion
M	Multiple completion
I	Injection well
S	SWD well
W	Water supply well
C	Carbon dioxide well
13. Cable or rotary code

C	Propose cable tool drill
R	Propose to rotary drill
14. Lease type code from the following table:

F	Federal
S	State
P	Private
N	Navajo
J	Jicarilla
U	Ute
I	Other indian tribe
15. Ground level elevation above sea level.
16. Intend to multiple complete? Yes or No.
17. Proposed total depth of this well.
18. Geologic formation at TD.
19. Name of the intended drilling company if known.
20. Anticipated spud date.
21. Proposed hole size ID inches, proposed casing OD inches, casing weight in pounds per foot, setting depth of the casing or depth and top of liner, proposed cementing volume, and estimated top of cement.
22. Brief description of the proposed drilling program and BOP program. Attach additional sheets if necessary.
23. The signature, printed name, and title of the person authorized to make this report. The data this report was signed and the telephone number to call for questions about this report.

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Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-26480	² Pool Code 06660	³ Pool Name Blinebry
⁴ Property Code 14916	⁵ Property Name LAURA J. MAY	⁶ Well Number 1
⁷ OGRID No. 000962	⁸ Operator Name ARCH PETROLEUM INC.	⁹ Elevation 3335'

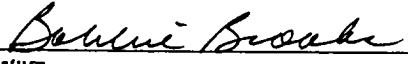
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
H	27	22S	37E		1830	North	480	East	Lea

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.						

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

¹⁶					1830'
					480'
¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  Signature BOBBIE BROOKS Printed Name PRODUCTION ANALYST Title 12-2-96 Date					
¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor: Certificate Number					