Submit to Appropriate District Office State Lease - 6 copies Fee Lease - 5 copies

DISTRICT I

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-101

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION P.O. Box 2088

Revised 1-1-89

API NO. (assigned by OCD on New Wells)

	DISTRICT I SUP	PERVISOR			JUN: 1 1989		
(This space for State Use)	ORIGINAL SIGNIED BY	JERRY SEXTON					
TYPE OR PRINT NAME				TEL	EPHONE NO.		
SIONATURE	nnie Ut	is in m	Production Te	echnician DAT	ле5-30-89		
I hereby certify that the inform	nation above is true and complete	to the best of my knowledge and	belief.				
IN ABOVE SPACE DES	CRIBE PROPOSED PROGR enter program, if any.	AM: IF PROPOSAL IS TO DEEPER	OR PLUG BACK, GIVE DATA ON	PRESENT PRODUCTIVE ZONE AN	ID PROPOSED NEW PRODUCTIVE		
*Casing alre	eady in wellbore	•					
Queen water surface, the	injection well. Queen zone wil packer will be r	to re-enter and New 4-1/2" cas 1 be selectively un on 2-3/8" tu	ing will be run perforated and	to TD and cemen acidized, and a	ited to		
0-1/8"	4-1/2"	10.50#	TD	400	surface		
8-3/4" 6-1/8"	* 7" 4-1/2"	20#	3605'	250	unknown		
12-1/4"	* 9-5/8"	36#	1171'	400	unknown		
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP		
17.		OPOSED CASING AN	······		. 1707		
13. Elevations (Show wheth 3121 DF		4. Kind & Status Plug. Bond Cash Statewide	15. Drilling Contractor Peterson Dr		Date Work will start 2 1989		
		10. Proposed Depth 4000'	11. F	ormation Queen	12. Rotary or C.T. Reverse		
Section 5	Towns	hip 25S Rar	_{lge} 38E N	ımpm Lea	County		
4. Well Location Unit Letter	E : 1942 Feet Fr	rom The North	Line and 660	Feet From The	West Line		
P.O. Box	3531, Midland, T	exas 79702		Dollarhide Queen			
Sirgo Operator 3. Address of Operator	rating, Inc.	59 9. Pool name or Wildcat					
2. Name of Operator	WIW	ZONE	X ZONE	8. Well No.			
b. Type of Well: OIL GAS WELL WELL	L RE-ENTER OTHER WIW	West Dollarhide Queen Sand Unit					
1a. Type of Work:		X DEEPEN X	PLUG BACK	7. Lease Name or Unit A	greement Name		
	TION FOR PERMIT T						
DISTRICT III 1000 Rio Brazos Rd., Azte	ec, NM 87410			6. State Oil & Gas Lease B-9312	No.		
DISTRICT II P.O. Drawer DD, Artesia,				5. Indicate Type of Lease ST	TATE X FEE		
P.O. Box 1980, Hobbs, N.	M 88240 S	anta Fe, New Mexico		30-025-12370			

Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator			11000 111001 00	Lease				Well No.	
Operator		Tma			llarhide	Ougan C	and Unit	59	
	perating, Section	Inc. Township	····-	Range	rrarnide	- queen_5	County		
E E	5	25S		38E		NMP	M Lea		
Actual Footage Locati		<u> </u>		<u> </u>					
10/2	feet from the N	orth	line and	660		feet fro	m the West		
Ground level Elev.	Produci	ng Formation		Pool				Dedicated Acre	age:
3121' D	F Quee	n			hide Que			40	Acres
1. Outline	he acreage dedicat	ed to the subject wel	l by colored per	ncil or hachure m	arks on the plat	below.			
		edicated to the well,							
3. If more	than one lease of d	ifferent ownership is	dedicated to the	e well, have the i	nterest of all ov	vners been con	solidated by com	munitization,	
unitizatio	on, force-pooling,	ac.?				ization	R-2356		
If answer i	Yes [s "no" list the owner.	No If and ers and tract description	ions which have	pe of consolidation actually been co	nsolidated. (U	se reverse side			
this form if	DACCARSSTV								
No allowal	ole will be assigned	to the well until all liminating such inten	interests have b	een consolidated proved by the Di	(by communiti vision.	zation, unitizati	on, forced-poolin	ig, or otherwise)	
or until 2 n	on-standard unit, e	muniting such inter	on, mas occur ap	provide by the bi			05===:=	OR OFFI	CATION
	i							OR CERTIF	
	i						I hereby	certify that t in in true and t	ne injormation complete to the
	i							ledge and belief.	
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1.40	ļ ļ						<u></u>	perating,	Inc.
660'	į						Date 5-30-89	1	
	l I			1					TO A TEION
			 				SURVE	YOR CERTIF	ICATION
	i						I hereby certi	fy that the well	location shown
	i					ļ	on this plat	was plotted from	n field notes of
	i				İ			s made by me nd that the sai	
	i						correct to the	e best of my	knowledge and
	1						belief.		
	i						Date Surveyed		
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	1				ĺ		Signature & S	eal of	- ·
	i				ĺ		Professional S	urveyor	
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	i						Celulicate INO	•	
0 330 660	990 1320 165	0 1980 2310 2	640 2	000 1500	1000	500 0			

