

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

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

API NO. (assigned by OCD on New Wells)

30-025-32258

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☐

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

Sharp

2. Name of Operator

Samedan Oil Corporation

8. Well No.

1

3. Address of Operator

10 Desta Drive, Suite 240 East, Midland, Texas 79705

9. Pool name or Wildcat

Cline Tubb

4. Well Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section 12

Township 23-S

Range 37-E

NMPM

Lea

County

10. Proposed Depth

6300

11. Formation

Tubb

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3297 GR

14. Kind & Status Plug. Bond

Blanket-active

15. Drilling Contractor

Hondo

16. Approx. Date Work will start

10-20-1993

17.

PROPOSED CASING AND CEMENT PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|--------------|----------------|-----------------|---------------|------------------------------|----------|
| 17 1/2 | 13 3/8 | 48# | 900' | 465 sx | Surface |
| 12 1/4 | * 8 5/8 | 32# | 4000' | Determined by hole condition | |
| 7 7/8 | 5 1/2 | 15.5# | 6300' | 615 sx | |

* A 12 1/4 hole will be drilled to 4000' and 8 5/8" casing run and cemented if significant water flow is encountered. If there is no water flow, the hole size will be reduced to 7 7/8" and drilled to 6300'.

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

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Judy Kronenberg

TITLE

Division Production Clerk

DATE 10-6-93

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY

TITLE

DATE

OCT 08 1993

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the section.

| | | | | |
|--|------------------------------------|-------------------------------------|-----------------------------------|----------------------|
| Operator SAMEDAN OIL CORPORATION | | Lease SHARP | | Well No. 1 |
| Unit Letter F | Section 12 | Township 23 SOUTH | Range 37 EAST, N.M.P.M. | County LEA |
| Actual Footage Location of Well | | | | |
| 1980 feet from the NORTH line and | | 1980 feet from the WEST line | | |
| Ground Level Elev. 3297' | Producing Formation TUBB | Pool CLINE | | 40 Acres |

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all the owners been consolidated by communization, unitization, forced-pooling, etc?
☐ Yes ☐ No If answer is "yes", type of consolidation _____
If the answer is "no", list the owners and tract descriptions which have actually been consolidated. (Use the reverse side of this form if necessary.) _____
No allowable will be assigned to the well until all interests have been consolidated (by communization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the division.

OPERATOR CERTIFICATION

I hereby certify that the information herein is true and complete to the best of my knowledge and belief.

Signature *Judy Thronberry*
Printed Name **JUDY THRONBERRY**
Position **DIV PROD CLERK**
Company **SAMEDAN OIL CORP.**
Date **10/05/93**

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 knowledge and belief.

Date Surveyed
SEPTEMBER 28, 1993

Signature and Seal of
Professional Surveyor

Certificate No.
LARRY W. BUSBY R.P.S. #11398

LWB / 9303-1 / 45SE

