## Santa Fe Main Office Phone: (505) 476-3441 General Information Phone: (505) 629-6116

## **State of New Mexico**

Form C-101 Revised July 18, 2013

## **Energy Minerals and Natural Resources**

**Oil Conservation Division** 

☐AMENDED REPORT

Online Phone Directory Visit:

https://www.emnrd.nm.gov/ocd/contact-us/

1220 South St. Francis Dr.

**Santa Fe, NM 87505** 

APPLI	CATIC	N FOR					TER, D	EEPEN, P	LUGBAC		DD A ZONE	
Operator Name and Address									<sup>2.</sup> OGRID Number			
									<sup>3</sup> . API Number			
<sup>4.</sup> Property Code				5. Property Name					<sup>6.</sup> Well No.			
						7. Surface Lo	cation					
UL - Lot	Section	Township		Range	Lo	t Idn Feet fro		N/S Line	Feet From	E/W Line	County	
** Proposed Bottom Hole Location  UL - Lot   Section   Township   Range   Lot Idn   Feet from   N/S Line   Feet From   E/W Line   Company   Compan												
OL - Lot	Section	rownship		Kange		t idn Feet inc	)III	N/S Line	reet From	E/W Line	County	
		l				9. Pool Inform	nation			ı	L	
Pool Name							Pool Code				Pool Code	
					A	dditional Well I	nformatio	n				
11. Work Type			12.	Well Type			13. Cable/Rotary		<sup>14.</sup> Lease Type		<sup>15.</sup> Ground Level Elevation	
16. Multiple 17			<sup>17.</sup> Pr	oposed Depth		<sup>18.</sup> Format	ion	19. (	Contractor	<sup>20.</sup> Spud Date		
Depth to Ground water				Distance from nearest fresh water w			vell	1	Distance	to nearest surf	nearest surface water	
We will be	e using a c	closed-loop	syste	m in lieu of	f lined <sub>J</sub>	pits						
21. Proposed Casing and Cement Program												
Туре	Type Hole Size					sing Weight/ft Setting Depth			Sacks of Cement Estimated T		Estimated TOC	
Casing/Cement Program: Additional Comments												
				22.	Propo	sed Blowout Pro	evention F	rogram				
Туре				Working Pressure			Test Pressure		e	Manufacturer		
<sup>23.</sup> I hereby certify that the information given above is true and complete to the best of my knowledge and belief.							OIL CONSERVATION DIVISION					
If further certify that I have complied with 19.15.14.9 (A) NMAC ☐ and/or 19.15.14.9 (B) NMAC ☐, if applicable.  Signature:							Approved By:					
Printed name:							Title:					
Title:							Approved Date: Expiration Date:					
E-mail Address:												
Date:				Phone:				Conditions of Approval Attached				