Santa Fe Main Office

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Energy Minerals and Natural Resources

State of New Mexico

Form C-101 Revised July 18, 2013

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**

| APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEE | | | | | | | | | 2 OGRID Number | | | |
|--|----------------|------------------|--------------------------|-------------------------------------|--|-----------------------------|---------------------------------|--------------------------|---------------------------|------------------------|---------------------------------------|--|
| | | | | | | | | ^{3.} API Number | | | | |
| ^{4.} Property Code | | | | 5. Property Name | | | | | | ^{6.} Well No. | | |
| | | | | | | 7. Surface Lo | cation | | | | | |
| UL - Lot | Section | Township | | Range | Lot | | T | N/S Line | Feet From | E/W Lin | e County | |
| | | | | | , D | wan and Datter | m Hala I | antin | | | | |
| UL - Lot | Section | Section Township | | 1 | | roposed Botton | | | Feet From | E/W Lin | County | |
| | | | | Ü | | | | | | | , | |
| | | | | | | 9. Pool Infor | mation | | | | | |
| Pool Name | | | | | | | | Pool Code | | | | |
| | | | | | | | | | | | | |
| 11 xxx | 1.7 | | 12 | W. II. Th | Ad | Iditional Well I | | | | 1 1 | 5.0 17 171 2 | |
| 11. Work Type | | | ^{12.} Well Type | | | ^{13.} Cable/Rotary | | | ^{14.} Lease Type | | ^{15.} Ground Level Elevation | |
| ^{16.} Multiple | | | ^{17.} Pro | oposed Depth | | ^{18.} Formation | | 1 | ^{19.} Contractor | | ^{20.} Spud Date | |
| Depth to Ground water | | | | Distance from nearest fresh water v | | | well | | Distan | ce to nearest sur | to nearest surface water | |
| 7*** | | | | | 011 1 | •. | | | | | | |
|] we will b | e using a o | closed-loop | syste | | | | C | D | | | | |
| Type Hole Size C | | | | 21. Proposed Casing and Casing Size | | | | | | | Comput Estimated TOC | |
| Туре | Type Hole Size | | ze Casing Size | | Casing Weight/ft | | Setting Depth | | Sacks | or Cement | Estimated TOC | |
| | | | | | | | | | | | | |
| | | | | | | | 1 | | | | | |
| | | | | Casim | a/Com | ent Program: A | | al Commonts | | | | |
| | | | | Casin | ig/Cem | ent Program: A | Audition | ai Comments | <u> </u> | | | |
| | | | | 22 | D. | IDI (D | | D. | | | | |
| | | | | | Proposed Blowout Prevention Progra Vorking Pressure Tes | | | | Test Pressure | | Manufacturer | |
| Туре | | | | working 1 ressure | | | Test riessuie | | ivialidiactulei | | | |
| | | | | | | | <u> </u> | | | - | | |
| | | | n give | n above is tru | ie and co | mplete to the best | | OIL | CONSERV | ATION DIV | VISION | |
| of my knowledge and belief. I further certify that I have complied with 19.15.14.9 (A) NMAC and/or | | | | | | | Approved By: | | | | | |
| 9.15.14.9 (Elignature: | B) NMAC [| ☐, if applica | able. | | | | Approve | а Бу: | | | | |
| Printed name: | | | | | | | | Title: | | | | |
| Title: | | | | | | | Approved Date: Expiration Date: | | | | | |
| -mail Addre | ess: | | | | | | | | | | | |
| Date: Phone: | | | | | | | Conditions of Approval Attached | | | | | |