## District I

1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720

## District II

811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720 **District III** 

1000 Rio Brazos Road, Aztec, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170 District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462

## **State of New Mexico**

Form C-101 Revised July 18, 2013

## **Energy Minerals and Natural Resources**

**Oil Conservation Division** 

1220 South St. Francis Dr.

**Santa Fe, NM 87505** 

		APPLICATION FOR PERMIT TO DRILL, RE-EN'  Operator Name and Address								TTER, DEEPEN, PLUGBACK, OR ADD A ZONE  OGRID Number					
											<sup>3.</sup> API Num	ıber			
4. Property Code				<sup>3.</sup> Property Name						<sup>0.</sup> Well No.					
Порси						.me				well No.					
	7. Surface Location														
UL - Lot	Section	Township	Rai	inge	Lot Idn	Feet from	m	N/S Line	Feet	From	E/W Line	County			
<u>l</u>		1			8. Propos	ed Botton	1 Hole Lo	cation				•			
UL - Lot	Section Township		Rai	Range Lo		ot Idn Feet from		N/S Line	Line Feet From		E/W Line	County			
•	'	•		•	9. Pc	ool Inforn	nation					•			
Pool Name												Pool Code			
					Addition	nal Well Ir	nformatic	on				<u>.</u>			
<sup>11.</sup> Work Type			12. Wel	ll Type		13. Cable/Rotary			<sup>14.</sup> Lease Type		15. Ground Level Elevation				
<sup>16.</sup> Multiple			<sup>17.</sup> Proposed Depth			<sup>18.</sup> Formatio			<sup>19.</sup> Contractor		<sup>20.</sup> Spud Date				
Depth to Ground water				Distance from nearest fresh water v			vell		Distance to			to nearest surface water			
We will be u	ısing a c	losed-loop s	ystem i	in lieu of lin	ed pits				•						
				<sup>21.</sup> Pro	oposed Ca	sing and	Cement 1	Program							
Type	Type Hole Size		Casing	Size	Casing We	eight/ft	Setting Depth			Sacks of Cement		Estimated TOC			
	•	•		Casing/C	Cement Pr	ogram: A	dditiona	Comment	ts		•				
				<sup>22.</sup> Pro	posed Blo	owout Pre	vention 1	Program							
Туре				Worl	king Pressure	; Pressure		Test Pressure				Manufacturer			
23. I hereby certif	fy that th	e information	given a	above is true	and complete	e to the		OII	CONS	SFRVAT	TION DIV	ISION			
best of my know I further certify 19.15.14.9 (B) N Signature:	y that I h	ave complie	d with 1 ble.	19.15.14.9 (A	) NMAC [	] and/or	Approved			LICVIII	TOTADIA	ISIOIV			
Printed name:							Title:								
Title:							Approved Date: Expiration Date:								
ittic.															
E-mail Address:															