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Submit 1 Copy To Appropriate District	State of New Mex	xico		Form C-1
Office	Energy, Minerals and Natural Resources		•	October 13, 2
District I	Ellergy, Willierals and Natur	ai Resources	WELL API NO.	0010001 13, 2
1625 N. French Dr., Hobbs, NM 88240 District II			30-031-20183	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	DIVISION		
District III	1220 South St. Francis Dr.		5. Indicate Type of Lea	
1000 Rio Brazos Rd., Aztec, NM 87410			STATE	FEE X
District IV	Santa Fe, NM 87	303	6. State Oil & Gas Lea	se No.
1220 S. St. Francis Dr., Santa Fe, NM				
87505 CLD ID DIV NOTEG	EG AND DEDODES ON WELLS			4
	ES AND REPORTS ON WELLS	C D L CV TO L	7. Lease Name or Unit	Agreement Nam
(DO NOT USE THIS FORM FOR PROPOSA			Lone Pine Dakota I) Unit
DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.)	HON FOR PERMIT (FORM C-101) FOR	K SUCH		
1. Type of Well: Oil Well Gas Well Other-Gas injection well		8. Well Number 12		
2. Name of Operator			9. OGRID Number	
•			1	
Nacogdoches Oil & Gas Inc.			256689	
3. Address of Operator			10. Pool name or Wild	cat
PO Box 23418 Nacogdoches TX. 75	963		Lone Pine Dakota	
4. Well Location			1.	
Unit Letter B :	800' feet from the North	line and 3500'	feet from the West	line
	_	_		
Section 13	Township 17N Range		NMPM McKinley	County
	11. Elevation (Show whether DR,	KKB, RT, GR, etc	7.)	
	7010 GL			e de la companya della companya della companya de la companya della companya dell
12 Check Ar	propriate Box to Indicate Na	ature of Notice	Report or Other Data	1
12. Check Ap	propriate box to maleate Ne	iture of rvotice	, report of other batt	L
NOTICE OF INT	ENTION TO:	SHIP	SEQUENT REPOR	PT OF:
	- /			ERING CASING
TEMPORARILY ABANDON	, i		RILLING OPNS. 🗌 🍴 P AN	ND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	NT JOB 🔲	
DOWNHOLE COMMINGLE				
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OTHER:		OTHER:	•	
13. Describe proposed or comple	ted operations. (Clearly state all p	ertinent details, a	nd give pertinent dates, inc	cluding estimated
of starting any proposed work	k). SEE RULE 19.15.7.14 NMAC	. For Multiple Co	ompletions: Attach wellho	ore diagram of
proposed completion or recor		. 1 or ividilipic Ci	ompletions. Attach wello	a unugi aiii Oi
proposed completion of recor	npicaon.			
NOO:	.16. 4. 000 / 0		/O9 4 Li 3/99 . T	3 1/9 .4 3 3
	approval from the OCD to RIH v			
equipment. Install pumping surface	equipment electric and install f	lowlines to mani	told. NOG will commend	e work within 6
lays of OCD approval and will noti	ly the OCD 48 hours prior to sta	rting work. 💪 🤙	3 # J-55 tubris.	
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Spud Date:	Rig Release Dat	te:		Jibl. d
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Spud Date: Thereby certify that the information about the second	pove is true and complete to the be	st of my knowled	-	
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hereby certify that the information at SIGNATURE SIGNATURE M, & All	TITLE UP	st of my knowled	DATE_	
hereby certify that the information about th	TITLE UP	st of my knowled	DATE_	
For State Use Only	TITLE UP	st of my knowled	DATE_	11-10-10 :918-260-7
hereby certify that the information at SIGNATURE Signature M, M, A M. Signature Signature M, M, A M. Signature Use Only APPROVED BY: Talk G. X.	TITLE UP	st of my knowled	DATE_	11-10-10 :918-260-X
hereby certify that the information at SIGNATURE SIGNATURE M, & All	TITLE UP	st of my knowled	DATE_	
hereby certify that the information at GIGNATURE Suppose or print name M, M, A M. Sor State Use Only APPROVED BY: Talk G. X.	TITLE UP	st of my knowled	DATE_	11-10-10 :918-260-7