

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

30-005-62258

Form C-101
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	☒
FILL	☒
U.S.G.S.	☒
LAND OFFICE	☒
OPERATOR	☒

5A. Indicate Type of Lease
STATE ☐ FEDERAL ☒

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL ☒ DEEPEN ☐ PLUG BACK ☐			7. Unit Agreement Name		
b. Type of Well OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☐ MULTIPLE ZONE ☐			8. Form or Lease Name Alma Shields		
2. Name of Operator N. Dale Nichols			9. Well No. #5		
3. Address of Operator P.O. Box 1972 Midland, Texas 79702			10. Field and Loc., or Well at Acme San Andres		
4. Location of Well UNIT LETTER M LOCATED 990 FEET FROM THE South LINE AND 990 FEET FROM THE West LINE OF SEC. 33 TWP. 7S RGE. 27E			12. County Chaves		
19. Proposed Depth 2100		19A. Formation San Andres		20. Method or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) 4010' GL		21A. Kind & Status Plug. Bond Blanket		22. Approx. Date Work will start ASAP	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
9 7/8"	7"	20#	310	100sx.	Surf.
6 1/4"	4 1/2"	11.6#	2100	150sx.	1400

Adaquate Blow-out Preventor will be used.

RECEIVED AND FOR 180 DAYS
10-11-85
DRILLING UNDERWAY

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.

Signed N. Dale Nichols Title Owner Date 4-8-85

(This space for State Use)

APPROVED BY Mike Williams TITLE OIL AND GAS INSPECTOR DATE APR 11 1985

CONDITIONS OF APPROVAL, IF ANY:

Form C-102
Revised 10-1-55

All distances must be from the outer boundaries of the Section

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.

CERTIFICATION

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

Name N. Dale Nichols

Position Owner

Company N. Dale Nichols

Date 4-8-85

I hereby certify that the information shown on the attached 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.

04/05/85

Date Surveyed Jackie D. Atkins

Registered Professional Engineer and/or Land Surveyor

PE 6403/LS 8504

Certificate No. _____