

# C-101 Instruction

Measurements and dimensions are to be in feet. Well location will refer to the New Mexico Principal Meridian.

IF THIS IS AN AMENDED REPORT CHECK THE BOX  
 LABELED "AMENDED REPORT" AT THE TOP OF THIS  
 DOCUMENT.

1. Operator's OGRID number. If you do not have one it will be assigned and filled in by District office.
2. Operator's name and address
3. API number of this well. If this is a new drill the OCD will assign the number and fill this in.
4. Property code. If this is a new property the OCD will assign the number and fill it in.
5. Property name that used to be called 'well name'.
6. The number of this well on the property.
7. The surveyed location of this well New Mexico Principal Meridian NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD Unit Letter.
8. The proposed bottom hole location this well at TD
- 9 and 10. The proposed pool(s) to which this well is being drilled.
11. Work type code from the following table:
 

N	New well
E	Re-entry
D	Drill deeper
P	Plugback
A	Add a zone
12. Well type code from the following table:
 

O	Single oil completion
G	Single gas completion
M	Multiple completion
I	Injection well
S	SWD well
W	Water supply well
C	Carbon dioxide well
13. Cable or rotary drilling code
 

C	Propose to cable tool drill
R	Propose to rotary drill
14. Lease type code from the following table:
 

F	Federal
S	State
P	Private
N	Navajo
J	Jicarilla
U	Ute
I	Other Indian tribe
15. Ground level elevation above sea level
16. Intend to multiple complete? Yes or No
17. Proposed total depth of this well
18. Geologic formation at TD
19. Name of the intended drilling company if known.
20. Anticipated spud date.
21. Proposed hole size ID inches, proposed casing OD inches, casing weight in pounds per foot, setting depth of the casing or depth and top of liner, proposed cementing volume, and estimated top of cement.
22. Brief description of the proposed drilling program and BOP program. Attach additional sheets if necessary.
23. The signature, printed name, and title of the person authorized to make this report. The date this report was signed and the telephone number to call for questions about this report.