District II PO Drawei District III 1000 Rio B Dustrict IV PO Box 20 APPL	Bazos Rd., Azioc, NM 87410 88. Santa Fc, NM 87504-2088				Operator Name and Address.			ON SU	State Lease - 6 Copies Fee Lease - 5 Copies				
1	• West 2nd Street sa, OK 74105										' AFI Number		
		erty Code	7410J		_		'Property Name						
	9921 Smith 11 Com						· Troperty Name (19.27)				• Wall No. 1		
						<sup>7</sup> Surface	Location	·····			·····		
UL or lot	<b>\$0</b> .	Section 11	Towashi 24S	P Range 27E	Lot Ida	Feet from the 990	North/South line	Fost from the	East/W	est line	County		
L					Ļ		North	1980	Wes	st	Eddy		
UL or lot	<b>b</b> o.	Section	Township	Range	Bottom Lot Idm	Hole Locat	ion If Differe						
						FOR IFOM THE	North/South Ene	Feet from the	East/W	est line	Coeaty		
	'Proposed Pool 1						" Proposed Pool 2						
	Strawn												
il We		ype Code	<u> </u>	11									
	Ρ			" Weil Type G	Code	" Cable	1	" <sup>4</sup> Lease Type Code P		<sup>14</sup> Ground Level Elevation			
	" Multiple			" Proposed	Depth	N/A		" Costructor		3111.4'			
	No			11,437'		Morrow		Concretor		* Spud Date 10-1-96			
	<sup>21</sup> Proposed Casing and Cement Program										- )0		
Hol	Size		Casi	Casing Size		e weight/foot	Setting Depth	Sacks of Cement		Estimated TOC			
	┼───┼──												
	-			<del></del>	┼───								
	<u> </u>				+								
Sar red	nso com	n Reso pletio	urces n proc	Company edure.	7 reque	st approva	K give the data on the			proposed a	er productive		
<sup>14</sup> I hereby cert of my knowled	ufy da acaz	at the mform d belief.	nation gives	above is true	and complete	e to the best	OIL CONSERVATION DIVISION						
Signature:	anten						OIL CONSERVATION DIVISION						
Printed name:	Jeff Ross						Tite: District Supervisor						
Tide:	strict Engineer					Appr	Approval Dateg 6/6/ Expiration Dates (200						
Date:	<b>3</b> 0-		STHEEL	Phone:		Cond	1400s of Approval :	6		9/91	97		
	<u>ات</u>			918-	-591-19		ibed 🗆						

## C-101 Instructions

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

- IF THIS IS AN AMENDED REPORT CHECK THE BOX LABLED "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 the 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.
- Property code. If this is a new property the OCD will 4 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.
- The surveyed location of this well New Mexico Principal 7 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 i.etter.
- 8 The proposed bottom hole location of this well at TD

9 and 10. The proposed pool(s) to which this well is beeing drilled.

- 11 Work type code from the following table:
  - N New well
  - E Re-entry D
  - Drill deeper Ρ
  - Plugback A
  - Add a zone
- 12 Well type code from the following table:
  - 0 Single oil completion
  - G Single gas completion Μ
  - Mutiple completion Т Injection well
  - s SWD well
  - W
  - Water supply well С Carbon dioxide well
- 13 Cable or rotary drilling code
  - С Propose to cable tool drill R
    - Propose to rotary drill
- 14 Lesse type code from the following table: F
  - Federal
  - S State
  - Ρ Private
  - Ν Navaio J
  - Jicarilla U
  - Ute

I.

- Other Indian tribe
- 15 Ground level elevation above sea level
- 16 Intend to mutiple 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 comenting volume, and estimated top of cament
- 22 Brief description of the proposed drilling program and SOP 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.