Submit 3 Copies to Appropriate District Office

AIROVED BY -

CONDITIONS OF ATTROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-193

Revised 1-1-89

| DISTRICT I P.O. Box 1980, Hobba, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088 | | WELL API NO. | | | |
|---|--|---------------------------------------|---|---|--|
| DISTRICT III P.O. Drawer DD, Artesia, NM 88210 DISTRICT III IUXX Rio Brazos Rd., Aziec, NM 87410 | | | 5. Indicate Type of Leane STATE X FEE | | |
| | | | 6. State Oil & Gas Lease No. E-178-1 | | |
| (DO NOT USE THIS FORM FOR PR | ICES AND REPORTS ON WELL OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PER 101) FOR SUCH PROPOSALS.) | OR PLUG BACK TO A | | Unit Agreement Name Blanco Unit | |
| I. Type of Well: OIL GAS WELL WELL | | Disposal | | | |
| 2. Name of Operator | Nichols Co., Ltd. | | 8. Well No. 502 | | |
| 3. Addless of Operator P. O. Box 1237, Durango, Colorado 81302-1237 | | | 9. Pool name or Wildcat Wildcat | | |
| 4. Well Location Unit Letter G : 165 | 60 Feet From The North | Line and1480 | Feet From | The East Line | |
| Section 32 | 10. Elevation (Show whether 6370 'GL | | NMPM San J | | |
| NOTICE OF IN | Appropriate Box to Indicate ITENTION TO: | SUE | SEQUENT F | REPORT OF: | |
| 'ERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | | ALTERING CASING | |
| EMPOPARILY ABANDON | CHANGE PLANS | COMMENCE DRILLIN | G OPNS. | PLUG AND ABANDONMENT [] | |
| PULL OR ALTER CASING | | CASING TEST AND C | EMENT JOB | <u></u> | |
| THER: Approval Ext | | OTHER: | | | |
| 12. Describe Proposed or Completed Opework) SEE RULE 1103. | erations (Clearly state all pertinent details, a | nd give pertinent dates, incl | uding estimated date of | of starting any proposed | |
| Blackwood & Nichols application. We an | requests approval for ex ticipate drilling operati | tension on our o | currently exp the next thr | ired (9-2-89) ee months. | |
| | • | DECENT SEP2 3 1989 PARTICIPAL D | UNLESS SPUD N | DRILLING IS COMMENCED. OTICE MUST BE SUBMITTED 10 DAYS. | |
| I hereby certify that the information above is | true and complete to the heat of my knowledge a | od belid. Operations | Manager | 9-27-89 | |
| SIONATURE William F. | | TITLE | | TELEPTIONE NO. | |
| TYPE OR PRINT NAME | | | | | |
| (This space for State Use) Original Signed | by FRANK T. CHAVEZ | SUPERVISOR | DISTRICT # 9 | SEP 28 1989 | |

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