

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)

30-105-10347

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

Unleased-Special Permit

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☒

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

SINGLE  
ZONE ☒

MULTIPLE  
ZONE ☐

2. Name of Operator

C. W. Trainer

7. Lease Name or Unit Agreement Name

Ohio State

3. Address of Operator

c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs,

8. Well No.

1

9. Pool name or Wildcat

Wildcat

4. Well Location

Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line

Section

36

Township

11S

Range

28E

NMPM

Chaves

County

10. Proposed Depth

8250

11. Formation

Mississippian

12. Rotary or C.T.

Reverse Unit

13. Elevations (Show whether DF, RT, GR, etc.)

3695 GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

55 Well Service

16. Approx. Date Work will start

12/31/92

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE

SIZE OF CASING

WEIGHT PER FOOT

SETTING DEPTH

SACKS OF CEMENT

EST. TOP

17 1/2

13 3/8

55#

364

300

Circ.

12 1/4

9 5/8

36#

1928

678

Circ.

Above casing now in hole.

It is proposed to clean out to 8250, run 5 1/2"  
15.5# casing, cement with 250 sacks and perforate  
7913 to 7953.

APPROVAL VALID FOR 180 DAYS  
PERMIT EXPIRES 6-30-93  
UNLESS DRILLING UNDERWAY

Formerly N. Dale Nichols-Ohio State #1, P&A 7/27/60, TD 8465.

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.

SIGNATURE

*Donna Walker*

TITLE Agent

DATE 12/29/92

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

*Mark Ashby*

TITLE

*Geologist*

DATE 12-30-92

CONDITIONS OF APPROVAL, IF ANY: