

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

JAN 30 '90

API NO. (assigned by OCD on New Wells)

30-005-10187

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☒

DEEPEN ☐

ARTESIA, OFFICE

PLUG BACK ☐

b. Type of Well:

OIL

WELL ☒

GAS

WELL ☐

OTHER ☐

SINGLE

ZONE ☐

MULTIPLE

ZONE ☐

7. Lease Name or Unit Agreement Name

Brian Lowe

2. Name of Operator

N. Dale Nichols ✓

8. Well No.

1

3. Address of Operator

P.O. Box 1972, Midland, Texas 79702

9. Pool name or Wildcat

Wildcat

4. Well Location

Unit Letter

G

: 1980

Feet From The

North

Line and

1980

Feet From The

East

Line

Section

26

Township

7S

Range

28E

NMPM

Chaves

County

10. Proposed Depth

11. Formation

12. Rotary or C.T.

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

14. Kind & Status Plug. Bond

15. Drilling Contractor

16. Approx. Date Work will start

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
13 3/8"	9 5/8"	32	980'	400	Circ.*
8 3/4"	5 1/2"	17 & 15.5	2800'	200	1800

- 1) We propose to reenter the Sinclair #1 O'Brien and Clean out to 2800'.
Well was originally drilled to a depth of 7100' and P&A 3-1-63. *9 5/8" casing
set at 980' with cement circulated was left in well.

- 2) We Propose to test San Andres Zones 2435' to 2750'

Part ID-1

2-2-90

Re-entry

APPROVAL VALID FOR 180 DAYS
FOR IT EXPIRES 2/2/90
UNLESS 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.

SIGNATURE

John E. Nichols

TITLE Production Technician

DATE 1-15-90

(915)

TYPE OR PRINT NAME

John E. Nichols

TELEPHONE NO. 682-5621

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

FEB 2 1990

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Notify N.M.O.C.C. in sufficient time to witness

Re-entry