Pustrict 1 PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Azzoc, NM 87410 District IV PO Box 2088, Santa Fe, NM 87504-2088 State of New Mexico Energy, Minerals & Natural Resources Department

## OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

Form C-101 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office State Lease - 6 Copies Fee Lease - 5 Copies

AMENDED REPORT

## APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

FRWIN		710 T mp		Operator N	ame and Address.						GRID Number
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HOBBS,	<u>NM 88</u>										25-26755
	erty Code				• 5	Toperty Name					
1653	36					HUFF					• Well No.
					<sup>7</sup> Surface	Location					1
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		<sup>8</sup> Pr	oposed	Bottom	Hole Locat	NORTH	<b>C</b> .	1650	EAS	Г	LEA
UL or lot se.	Section	Township	Range	Lot Ide	Fost from the	Ion Ir Dir	Ierer	it From Sur	face		
					COR HOR LA	North/South Lac		Fost from the	East/W	est las	County
		* Propos	ed Pool 1	[	L	L					
JALMAT	T-V-SP							" Proper	od Pool 2		
											•
" Work T	VDE Code			<u> </u>							
P			" Well Type Cede		<sup>18</sup> Cable/			" Lesse Type Code		<sup>16</sup> Ground Level Elevati	
<sup>14</sup> Multiple		_	0		-			P		3293 GR	
No			" Proposed Depth		" Ferm	etica	" Contractor		+	<sup>20</sup> Spud Date	
N	0				YATES & SEVEN RIVE						
			21	Propose	d Casing an	d Cement	Pro	gram			
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merike the pr	oposed prog	rem. If this	application	is to DEEP	IN or PLUG BACS	Crive the date	an the				
To Pl Perf 2773'	ugback w/2sho	to Yat ts per • 2809	tes-SR foot (	2735 ·	-2751',		18 E.	ipires 1 Yei Unless <del>Drill</del>	ar Fro ing Ui	m App	novel Ry
hereby certify that the information given above is true and complete to the be- ny knowledge and belief. And the second s						Approved by: COLONIAL SIGNICO PX					
GAYE HEARD						Tide:					
MANAGER						Approval DescHAR U & 1997 Expiration Date:					
:		1	Phone:		Condit	ions of Approva		<b>1997</b> Exp		••	
10 0 00	I 5, 19	No	1	393-27	1	or ubbion	u :				

## 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.

- 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.
- 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 ester.
- 8 he 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
  - P Plugback
  - A Add a zone
- 12 Well type code from the following table:
  - O Single oil completion
  - G Single gas completion
  - M Mutiple completion
  - f 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 Jicariila
  - U Ute
  - I Other Indian tribe
- 15 Ground level elevation above see 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 camenting volume, and estimated top of cament
  - 22 Brief description of the proposed drilling program and BOP program. Attach additional sheets if necessary.
  - 23 The signature, printed name, end 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.

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