Form C-10 ebruary 10, 199 tructions on bac the District Offic Lease - 6 Copie Lease - 5 Copie	Appropria State Fee		Sub	SION	ON DIVIS	tate of New Bersis & Natural NSERVAT PO Box a Fe, NM	Energy, Mi		88211-0719 NM 87410	Ariesia, NM Rd., Aziec,	District   10 Box 1980, Hi 10 Drawer DD, 11 District III 10 ORio Brazos 11 District IV 10 Box 2088, Sa	
ded report DD A ZONE	JAMER		DILLOR	CDEN		TI DE EN	זאם דט	RMIT	FOR PE	TION	APPLICA	
RID Number 9 PI Number	יס 1471 י	ACK,	, PLUGB.		TER, DE		• • • • • • • • • • • • • • • • • • •	ng, Ind	peratir	peake ( Box 18	Chesar P. O.	
5 -34465 • Well No.				roperty Name	*	AETNA 24			* Property Code 2.35/9			
1						100	24	AEINA		577	<u>a</u>	
						<sup>7</sup> Surface Feet from the	Lot Ide	Range	Township	Section	UL or lot no.	
County	Vest line County		Fost from the	tine 🗍	North/South		LOLIDE	35E	165	24	D	
LEA	st LEA		660		north		660			4		
		face	From Sur	erent	ion If Diff	Hole Local	Lot Ida	Range	Township	Section	UL or lot so.	
County	est line	East/W	out from the	line   F	North/South	Fort from the						
		ed Pool 7	" Propos		I				* Propos		North	
1							IWN			🔆 E. Shoe Bar-Stra		
							Cuti	Well Trees	12	VDe Code	" Work T	
<sup>14</sup> Ground Level Elevation		Lease Type Code		14	Rotary	" Cable R					'N	
	GR: 3965'				unting.	" For	Depth	17 Proposed D		" Multiple		
Spud Date			" Contractor	_				,100'			No	
/98	10/0	#45	atterson	P	d Carrier	Strawn	Propose					
					Setting De	d Casing a	Casin	Size	Casin	2	Hole Siz	
Estimated TOC Surface		Cement	Secks of 500		450'		481	13-3/8"		17-1/2"		
		2000			4,300'		401	9-5/8" 5-1/2"		2-1/4"		
	Surface <b>1</b> 3800'		1500		12,100'		17				7-7/8"	
	1 300	···	1900									
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one	Sandst 's From A	toka r BOP Year	e Lower A & annula Expires 1	in the enter ermit	100' TD : ram preve	EN or PLUG BAG itloned shorts if a rill to 12 ractor. M# double	s to dr ng cont	ropose drilli	ating p as the	ke Oper terson	hesapeak vith Patt	
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				91	roval Date:	Ар		alyst	ory Ana	Regula		
		piration D		21	ditions of Approv	Cor	8-8000	Phone:	ory Ana			

12 C 17

## C-101 Instructions

Measurements and dimensions are to be in feet/inches. Wer ocations 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.
- 4 Property code. If this is a new property the OCD will assign the number and fill it in.
- S 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 Letter.
- 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
  - ε Re-entry
  - D Drili deeper
  - ρ Plugback
  - A Add a zone
- 12 Well type code from the following table:
  - Single oil completion ο
  - G Single gas completion M
  - Mutiple completion t.
  - Injection well S SWD well
  - W
  - Water supply well С Carbon dioxide weil
- 13 Cable or rotary drilling code
  - C Propose to cable tool drill
  - P. Propose to rotary drill
- 14 Lease type code from the following table:
  - F Federal
  - S State
  - P Private
  - N Navajo L Jicarilla
  - U
  - Ute L
  - Other Indian tribe
- 15 Ground level elevation above sea level
- Intend to mutiple complete? Yes or No 16
- 17 Proposed total depth of this well

- 18 Geologic formation at TD
- Name of the intended drilling company if known. 19
- 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 cement
- 22 Brief description of the proposed drilling program and BOP 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.

