

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

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

OIL CONSERVATION DIVISION

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

RECEIVED

MAR 8 1991

API NO. (assigned by OCD on New Wells)

31-015-26684

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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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

Amoco Production Company ✓

3. Address of Operator

P. O. Box 3092, Houston, TX 77253

7. Lease Name or Unit Agreement Name

Brantley

8. Well No.

2

9. Pool name or Wildcat

✓ Loving Delaware, East

4. Well Location

Unit Letter J : 1872 Feet From The South Line and 1653 Feet From The East Line

Section 22 Township 23-S Range 28-E NMPM Eddy County

10. Proposed Depth

6300'

11. Formation

Delaware

12. Rotary or C.T.

Rotary

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

3033.8' GR

14. Kind & Status Plug. Bond

15. Drilling Contractor

16. Approx. Date Work will start

April 1, 1991

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	32#	550'	600	Surface
7-7/8"	5-1/2"	15-1/2#	6300'	2100	Surface

Propose to drill and equip well in the Delaware formation. After reaching TD, logs will be run and evaluated. Perforate and/or stimulate as necessary in attempting commercial production.

APPROVAL VALID FOR 180 DAYS  
9/26/91

Mud Program: GPM S.S. 1000 LBS PER BARREL

0 - SCP Native/Spud

SCP-5700' Saturated/Brine

5700-TD\* Salt Gel/Starch

\* Add muc materials as necessary to reduce fluid loss.

Post ID-1  
3-29-91  
New Loc & API

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 Kim A. Colvin

TITLE Asst. Admin. Analyst

DATE 3/9/91

TYPE OR PRINT NAME Kim A. Colvin

713/  
TELEPHONE NO. 596-7686

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT IV

APPROVED BY

TITLE

DATE

MAR 26 1991

CONDITIONS OF APPROVAL, IF ANY: