

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

API NO. (assigned by OCD on New Wells)

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 ☒

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☐

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

Santa Fe Railroad "A"

2. Name of Operator

American Exploration Company

8. Well No.

75

3. Address of Operator

2100 RepublicBank Center, Houston, Texas 77002

9. Pool name or Wildcat

4. Well Location

Unit Letter P : 330 Feet From The South Line and 330 Feet From The East Line

Section 1 Township 7N Range 9W NMPM McKinley County

10. Proposed Depth
1625'

11. Formation
Lower Hospah Sand

12. Rotary or C.T.
Rotary

13. Elevations (Show whether DF, RT, GR, etc.)
6953' GR

14. Kind & Status Plug. Bond
Bond

15. Drilling Contractor
AEC Rig

16. Approx. Date Work will start
5/89

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"	24	60'	40 SX.	
7-7/8"	5-1/2"	14	1592'	60 SX.	OPEN HOLE

1592'-1617'

The recommended procedure to deepen current wellbore ten feet is as follows:

1. MIRU Company rig. Pull producing equipment. GIH w/bit, deepen well to 1625' KB or 1617' GL, approximately ten feet. Acidize both the Lower and Upper Hospah formations w/ 1000 gals. of 15% NEFE HCL acid. Swab and put back on production.

RECEIVED

MAY 01 1989

OIL CON. DIV.
DIST. 3

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 Marty B. McClanahan TITLE Sr. Production Analyst DATE 4/27/89

TYPE OR PRINT NAME Marty B. McClanahan

TELEPHONE NO.

(This space for State Use)

APPROVED BY San Burel TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 3 DATE MAY 12 1989

CONDITIONS OF APPROVAL, IF ANY: