

OIL CONSERVATION DIVISION

P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

Form O-101
Revised 10-1-78

DEPARTMENT	
SUBDIVISION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
OPERATION	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1. Type of Work DRILL ☒ DEEPEN ☐ PLUG BACK ☐	
2. Type of Well OIL WELL ☐ GAS WELL ☒ OTHER ☐ DIRECT TUBE ☒ MULTIPLE TUBE ☐	
3. Name of Operator Amoco Production Company	
4. Address of Operator 2325 E. 30th Farmington, NM 87401	
5. Location of Well UNIT LETTER <u>L</u> LOCATED <u>1870</u> FEET FROM THE <u>South</u> LINE AND <u>795</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>33</u> TWP. <u>32N</u> R. <u>10W</u>	
6. Elevation (Show whether TD, RL, etc.) <u>5984' GR</u>	
7. Kind of Status Priv. Bond <u>State-wide</u>	
8. Drilling Contractor <u>Unknown</u>	
9. Approx. Date Work Will Start <u>As soon as permitted</u>	

10. Interest Type of Lease STATE ☐ FEDERAL ☒
11. Lease Oil & Gas Lease No. <u>2</u>
12. Lease Agreement Name <u>Uptegrove Gas Com</u>
13. Well No. <u>2</u>
14. Field and Loc. or Section <u>Cedar Hills-Fruitland Basal Coal</u>
15. County <u>San Juan</u>

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# K55	160'	135	Surface
7-7/8"	5-1/2"	17# N80	2770'	670	Surface

Amoco proposes to drill the above well to further develop the Fruitland Coal reservoir. The well will be drilled to the surface casing point using native mud. The well will then be drilled to TD with a low solids nondispersed mud system. Completion design will be based on open hole logs. Copy of all logs will be filed upon completion. Amoco's standard blowout prevention will be employed; see attached drawing for blowout preventer design. Upon completion the well site will be cleaned and the reserve pit filled and leveled. The gas from this well is not dedicated at this time.

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.

Signed BOS Shaw Title Adm. Supervisor Date 1-2-88

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

CONFIDENTIAL