

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐

GAS
WELL ☒

OTHER

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

UNION OIL COMPANY OF CALIFORNIA

3. ADDRESS OF OPERATOR

P. O. BOX 671, MIDLAND, TEXAS 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

1800' FSL AND 2060' FWL OF SECTION 20

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

15 MILES SOUTH-SOUTHEAST OF MALJAMAR, NEW MEXICO

15. DISTANCE FROM PROPOSED*
LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

480'

16. NO. OF ACRES IN LEASE

200

17. NO. OF ACRES ASSIGNED
TO THIS WELL

320

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

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19. PROPOSED DEPTH

13,750'

20. ROTARY OR CABLE TOOLS

ROTARY

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

3606' GL

22. APPROX. DATE WORK WILL START*

UPON APPROVAL

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17-1/2"	13-3/8"	48#	450'	SUFFICIENT TO CIRCULATE
12-1/4"	9-5/8"	36# & 40#	5250'	2400 SACKS CIRCULATE
8-3/4"	5-1/2"	17#	13,750	2400 SACKS

AFTER SETTING PRODUCTION CASING, PAY ZONE WILL BE PERFORATED AND
STIMULATED AS NECESSARY.

SEE ATTACHED FOR: SUPPLEMENTAL DRILLING DATA
BOP SKETCHES
SURFACE USE AND OPERATIONS PLAN

APPLICATION HAS BEEN MADE TO THE NMOC D FOR
APPROVAL OF THIS UNORTHODOX WELL LOCATION.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

Arthur R. Brown

TITLE

Agent

DATE

July 14, 1989

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

CARLOS A. RESOLINA

DATE

7-31-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side