

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Bertie Whitmore
9. Well No. 3
10. Field and Pool, or Wildcat Mormont
12. County Lea
19. Proposed Depth 3635'
19A. Formation Grayburg
20. Rotary or C.T. Reverse unit
21. Elevations (Show whether DF, RT, etc.) 3555 GL
21A. Kind & Status Plug. Bond Blanket
21B. Drilling Contractor
22. Approx. Date Work will start 10-22-69

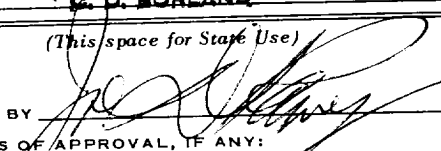
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work Re-enter plugged and abandoned well	DRILL <input type="checkbox"/>	DEEPEN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	SINGLE ZONE <input type="checkbox"/>	MULTIPLE ZONE <input type="checkbox"/>	
2. Name of Operator Gulf Oil Corporation			
3. Address of Operator P. O. Box 670, Hobbs, N.M. 88240			
4. Location of Well UNIT LETTER F LOCATED 1980 FEET FROM THE north LINE AND 1980 FEET FROM THE west LINE OF SEC. 8 TWP. 20S RGE. 37E NMPM			
23. PROPOSED CASING AND CEMENT PROGRAM			
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH
13-3/8"	10-3/4"	32.75#	225'
9-7/8"	7-5/8"	22.00#	2328'
6-3/4"	5-1/2"	17.00#	3817'
SACKS OF CEMENT			
150 sacks			
750 sacks			
175 sacks			
EST. TOP			

It is proposed to clean out to approximately 3635'. Test casing with 500# for 30 minutes. Spot 250 gallons of 15% NE acid on bottom. Perforate 5-1/2" casing with 2, 1/2" JHPF from 3488-90', 3531-33', 3558-60' and 3581-83'. Run retrievable packer and set at 3300'. Displace spot acid into formation. Lower packer and set at approximately 3450'. Load casing and pressure up to 500#. Acidize with 3,000 gallons 15% NE acid using a total of 16, 7/8" rubber coated nylon ball sealers during treatment. Swab and test and place well on production.

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.

ORIGINAL SIGNED BY **E. D. BORLAND** Title **Area Production Manager** Date **10-17-69**
(This space for State Use)
APPROVED BY  TITLE **E. D. BORLAND** DATE **10-20-70**
CONDITIONS OF APPROVAL, IF ANY: