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NEW MEXICO OIL CONSERVATION COMMISSION

Orig & 4cc: NMOCC

lcc: H. E. Berg

lcc: R. H. Coe

lcc: File

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input type="checkbox"/>

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name <b>Eastumont Unit</b>	
DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		9. Well No. <b>914</b>	
2. Name of Operator <b>Tidewater Oil Company</b>		10. Field and Pool, or Wildcat <b>Eastumont</b>	
3. Address of Operator <b>P. O. Box 249, Hobbs, New Mexico 88240</b>		12. County <b>Lea</b>	
4. Location of Well UNIT LETTER <b>F</b> LOCATED <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE OF SEC. <b>1</b> TWP. <b>20-S</b> RGE. <b>37-E</b> NMPM		19. Proposed Depth <b>3900</b>	
21. Elevations (Show whether DF, RT, etc.) <b>3588 Ground</b>		19A. Formation <b>Yates Seven Rivers</b>	
21A. Kind & Status Plug. Bond <b>Blanket w/St. Paul</b>		20. Rotary or C.T. <b>Rotary</b>	
21B. Drilling Contractor <b>Contract Not Let</b>		22. Approx. Date Work will start <b>When Permit Received</b>	
23. <b>Indemnity 11-30-37</b>			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
10-5/8"	7-5/8"	24#	400	225	Surface
6-3/4"	4-1/2"	9.5#	3900	Volume to be determined by Fluid Survey to tie back in to base of salt	

It is planned to drill to 400', set 7-5/8" casing and circulate cement to surface.

Drill out to 3900', set 4-1/2" casing and cement back to base of salt. Run Gamma Ray-

Neutron logs and complete by perforating the Queen formation. Acidize and sand-oil

fracture. Equip for producing well in waterflood project area.

THE COMMISSION MUST BE NOTIFIED

72 HOURS PRIOR TO RUNNING

CASING.

EXPIRES

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 foregoing is true and complete to the best of my knowledge and belief.

Signed C. L. WADE Title Area Superintendent Date 8-24-67

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: