

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 <i>Continental Oil Company</i>					
3. ADDRESS OF OPERATOR <i>Box 460, Hobbs, N. Mex.</i>					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) At surface <i>1345' FNL & 2615' FWT of Sec 20</i> At proposed prod. zone <i>same</i>					
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*					
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drilg. unit line, if any)		16. NO. OF ACRES IN LEASE <i>7853 (MCA unit)</i>		17. NO. OF ACRES ASSIGNED TO THIS WELL <i>40</i>	
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.		19. PROPOSED DEPTH <i>PB 4250'</i>		20. ROTARY OR CABLE TOOLS	
21. ELEVATIONS (Show whether DP, RT, GR, etc.) <i>GR/N</i>				22. APPROX. DATE WORK WILL START* <i>4-27-70</i>	
23. <i>no change</i> PROPOSED CASING AND CEMENTING PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT	
<i>12 1/4</i>	<i>8 5/8</i>	<i>28 #</i>	<i>262</i>	<i>150 (circ.)</i>	
<i>7 7/8</i>	<i>5 1/2</i>	<i>14 #</i>	<i>5498</i>	<i>1500</i>	

It is proposed to set a CIBP above the Padlock perfs at approx 4250 and perforate the San Andres opposite the 7th zone. Treat perfs with 3,000 gals 15% LSTNE and place on production.

When this well becomes a San Andres producer it will be redesignated MCA Unit NO. 257.

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 *M. E. [Signature]* TITLE *Adm. Section* DATE *Chief*
(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____



*See Instructions On Reverse Side

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MCA Partner

RECEIVED

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OIL CONSERVATION COMM.
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