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NEW MEXICO OIL CONSERVATION COMMISSION O. C. C.

Form C-101
Revised 1-1-65

Dec 9 11 39 AM '65

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work Perf. & Acidize		5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
b. Type of Well DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		5. State Oil & Gas Lease No.	
2. Name of Operator Continental Oil Company		7. Unit Agreement Name	
3. Address of Operator Box 460, Hobbs, New Mexico		8. Farm or Lease Name State KS-11	
4. Location of Well UNIT LETTER E LOCATED 1980' FEET FROM THE South LINE AND 1980' FEET FROM THE West LINE OF SEC. 11 TWP. 18S RGE. 36E NMPM		9. Well No. 1	
		10. Field and Pool, or Wildcat Arkansas Jct. Queen	
		12. County Lea	
		19. Proposed Depth 4600	19A. Formation Queen
		20. Rotary or C.T.	
21. Elevations (Show whether DF, RT, etc.) 3821 DF	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start 12-15-65

23. 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	315	250	Circ.
7 7/8	4 1/2	9.5	5252	600	

The State KS-11 No. 1 (Formerly John M. Kelly-State PE No. 1) was completed in the Queen formation of an unassigned pool at a TD of 5300' on 1-9-61 for an IP of 1,490 MCFGPD flowing on 20/64" choke. Produced 14 MCFGPD during October, 1965.

It is proposed to plugback to 4600' in the Arkansas Junction Gas Pool, perforate at 4308' and 4283' w/4 JSPF, acidize w/1,000 gals. acid, swab and test.

A subsequent report will be submitted upon completion of this work.

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 SIGNED: HAL W. STEPHENS Title Staff Supervisor Date 12-8-65

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC (5) SLO FILE (2)