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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL AND GAS COMMISSION

1. Indicate Type of Lease
 STATE FEE
 2. Lease No. _____

APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK

1a. Type of Work
 b. Type of Well DRILL DEEPEN PLUG BACK
 OIL WELL GAS WELL OTHER

2. Name of Operator
 Cities Service Oil and Gas Corporation

3. Address of Operator
 P.O. Box 1919 - Midland, Texas 79702

4. Location of Well UNIT LETTER N LOCATED 660 FEET FROM South
 AND 1980 FEET FROM THE West 27 12S 37E

5. Lease Agreement Name
 6. Name of Lease Name
 Turner D
 7. Well No.
 1
 8. Field and Pool, or Wildcat
 Undesignated Atoka
 9. County
 Lea
 10. Locality or B.T.
 Atoka
 Completion Ut.
 11. Elevations (Show whether DR, RL, etc.)
 3895' GR
 12. Estimated Production
 Required/Approved
 11,175'
 13. Approx. Date work will start
 After permit approval

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48#	383'	Circulated	
12-1/4"	8-5/8"	24 & 32#	4462'	Circulated	
7-7/8"	5-1/2"	17 & 20#	12263'	TOC 10920'	

O.T.D. 12288' Dolomite, OPBTD 12260'. It is proposed to plug back and test the Atoka Formation in the following manner:

1. MIRU a completion unit, ND WH, NU BOP, release packer and POOH w/tubing, pump cavity and packer.
2. RIH w/RB and 5-1/2" casing scraper on 2-7/8" tubing and CO to 12260' and CHC. POOH w/RB, scraper and tubing.
3. RIH w/5-1/2" CIBP on WL and set CIBP @ 12240'. POOH. RIH w/dump bailer and dump 4 sacks of cement on top of CIBP @ 12240 - 12205'. POOH w/dump bailer.
4. RIH w/RTTS and set RTTS @ 11200' and test CIBP to 1000#. Release RTTS and POOH.
5. Perforate the Atoka Formation w/2 SPF @ 11166, 167, 168, 169, 170, 171, 172, 174 and 11175'. Total of 18 holes.
6. RIH w/5-1/2" RTTS on 2-7/8" tubing and set RTTS @ 11060'. Swab test the Atoka to determine productivity and if necessary acidize the Atoka Perfs @ 11166 - 11175'

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM, IF PROPOSED IS TO BE IN 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. (SEE REVERSE SIDE)
 Signed Elmer Startz Reg. Opr. Mgr. - Prod. Date 10-23-85

(This space for State Use)

ORIGINAL SIGNED BY JEFFY SEXTON

APPROVED BY DISTRICT SUPERVISOR DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 25 1985

8. ND BOP, NU MH and pump down jet pump, if a pumping well, and obtain stabilized well test.
 7. RIH w/packer and tubing, if a flowing well, or packer, pump cavity on 2-7/8" tubing and set packer @ 10060', if a flowing well. If pumping, set pump cavity according to productivity.
- w/2500 gals of 15% NeFe acid. Recovery load and treatment and swab test to design to be determined subsequent to the acid job. Recover load and treatment and swab test to determine productivity and if necessary frac the Atoka Perfs @ 11166 - 11175' w/packer and tubing, if a flowing well, or packer, pump cavity on 2-7/8" tubing and set packer @ 10060', if a flowing well. If pumping, set pump cavity according to productivity.

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