

Submit to Appropriate District Office  
 State Lease - 6 copies  
 Fee Lease - 5 copies

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-101  
 Revised 1-1-89

**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

DISTRICT I  
 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)  
3D-025-31423

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.

**APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK**

1a. Type of Work:  
 DRILL  RE-ENTER  DEEPEN  PLUG BACK

b. Type of Well:  
 OIL WELL  GAS WELL  OTHER  SINGLE ZONE  MULTIPLE ZONE   
 Injector

2. Name of Operator  
 Amoco Production Company

3. Address of Operator  
 P. O. Box 3092, Houston, TX 77253

7. Lease Name or Unit Agreement Name  
 South Hobbs (GSA) Unit

8. Well No.  
 235

9. Pool name or Wildcat  
 Hobbs Grayburg S. Andres

4. Well Location  
 Unit Letter K : 2160 Feet From The South Line and 2414 Feet From The West Line

Section 4 Township 19-S Range 38-E NMPM Lea County

10. Proposed Depth 4350' 11. Formation San Andres 12. Rotary or C.T. Rotary

13. Elevations (Show whether DF, RT, GR, etc.) 3607.3' GR 14. Kind & Status Plug. Bond 15. Drilling Contractor 16. Approx. Date Work will start 11/6/91

17. 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"	32# K-55	1600'	1100 sx	Surface
7-7/8"	5-1/2"	15.5# K-55	4350'	1300 sx	Surface

Propose to drill & equip well in San Andres formation. After reaching TD, logs will be run and evaluated. Perforate and/or stimulate as necessary in attempting reservoir injection.

\* Add mud materials as necessary in attempting reservoir injection.

Mud Program:	
0 - 1600'	Native/Spud
1600' - 3800'	Saturated/Brine
3800' - TD*	Salt Gel/Starch

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.

SIGNATURE Kim A. Colvin TITLE Asst. Admin. Analyst DATE 10/15/91

TYPE OR PRINT NAME Kim. A. Colvin TELEPHONE NO. 713/596-7686

(This space for State Use)  
 APPROVED BY JERRY SEPTON SUPERVISOR TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: Permit Expires 6 Months From Approval Date Unless Drilling Underway.

713-3073