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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. L-5795

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> INTERFERENCE TEST? <input checked="" type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name STATE FD
2. Name of Operator Amoco Production Company		9. Well No. 2
3. Address of Operator BOX 68, HOBBS, N. M. 88240		10. Field and Pool, or Wildcat UNDESIGNATED
4. Location of Well UNIT LETTER D&E LOCATED 1320 FEET FROM THE NORTH LINE AND 660 FEET FROM THE WEST LINE OF SEC. 23 TWP. 20-N RCF 31-E NMPM		12. County HARDING
19. Proposed Depth 2400		19A. Formation TUBB
20. Rotary or C.T. ROTARY		
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond BLANKET- ON FILE	21B. Drilling Contractor ARTEC WELL SERV.
22. Approx. Date Work will start		

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11 3/4"	8 5/8"	24 #	300'	Cure	
7 7/8"	4 1/2"	9.5 #	2400'	FILL BACK TO 300'	

Propose to drill and use as an Interference
Test and Observation well. Not for use as a
producing well.

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 James E. Spick Title AREA ENGINEER Date MAY 3 1974

(This space for State Use)

APPROVED BY 04-4-NMOC-SF Carl Helweg TITLE SEALING SUPERVISOR DATE 5/7/74

CONDITIONS OF APPROVAL, IF ANY:

1- SUSP
1-RRJ