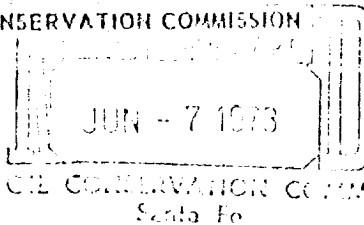


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NEW MEXICO OIL CONSERVATION COMMISSION



Form O-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE FEDERAL

5. State Oil & Gas Lease No.

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		8. Firm or Lease Name STATE EW
2. Name of Operator Amoco Production Company		9. Well No. 1
3. Address of Operator BOX 68, HOBBS, N. M. 88240		10. Field and Pool, or Wildcat WILDCAT
4. Location of Well UNIT LETTER <u>D</u> LOCATED <u>660</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM THE <u>WEST</u> LINE OF SEC. <u>3</u> TWP. <u>26-N</u> RGE. <u>29-E</u> NMPM		12. County UNION
19. Proposed Depth 2700'		19A. Formation BASEMENT
20. Rotary or C.C.I. ROTARY		
21. Elevations (Show whether DF, RT, etc.) NA	21A. Kind & Status Plug. Bond BLANKET-ON FILE	21B. Drilling Contractor CACTUS DRILG Co.
22. Approx. Date Work will start 6-73		

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4" - 11"	8 5/8"	24#	300'	SUFF. TO	CIRC
7 7/8"	4 1/2"	9.5#	2700'	" "	300'

APPROVAL FOR 90 DAYS PERIOD
(DRILLING COMMENCED)

EXPIRES Sept 6, 1973

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 [Signature] Title Area Superintendent Date 6-4-73

(This space for State Use)

APPROVED BY [Signature] TITLE Oil & Gas Inspector DATE 6/8/73

CONDITIONS OF APPROVAL, IF ANY:

- 1. NMCC-54
- 2. DR. AL J. KAPTEINA
- 3. T. T. T.
- 4. C. BUSP

COLLECT AND SACK SAMPLES FOR
NEW MEXICO BUREAU OF MINES, SOCOMRO
AT AT LEAST TEN FOOT INTERVALS