| NO. UF COPIES RECEIVED 5  |   | R                                       | ECEIVE.  | <i></i>      |                                |                               |
|---|---|---|--|--------------|--------------------------------|-------------------------------|
| DISTRIBUTION<br>SANTA FE  | NEW MEXICO OIL CONSERVATION COMMISSION    |   |  |              | Form C-101                     | · r                           |
| FILE  | .E /                                      |   | MAY 2.8 1035<br>C. D. D. D.<br>ARTESIA, OFFICE |              | SA. Indicate Type of Lease     |                               |
| LAND OFFICE   | $\downarrow$                              | , CMJ A                                 | O. C. C.<br>Artesia, oppige                    |              | -                              | & Gas Lease No.               |
|   |   |   |  |              |                                |                               |
| APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK   |   |   |  |              |                                |                               |
|   |   |   |  |              | 7. Unit Agre<br>Chalk Bl       | ement Name<br>Luff Draw Unit  |
| b. Type of Well   | b. Type of well                           |   |  |              | 8. Farm or L                   |                               |
| OIL X GAS WELL 2. Name of Operator  | OTHER RO                                  | -Entry                                  | ZONE X MUL                                     | ZONE         | 0. W. 11. 11                   |                               |
| Humble Oil & Refining Company   |   |   |  |              | 9. Well No.                    |                               |
| 3. Address of Operator  |   |   |  |              | 10. Field and Pool, or Wildcat |                               |
| Box 2100, Hobbs, New Mexico 88240<br>4. Location of Well UNIT LETTER                                      |   |   |  |              |                                | licat                         |
| 1.200   |   |   |  |              |                                |                               |
| AND LOC FEET FROM   |   |   | MP. TITTINGE.                                  | 27-E NMPM    | 12                             |                               |
|   |   |   |  |              | 1 <del>.</del> .               |                               |
|   |   |   |  |              |                                |                               |
|   |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  | 9A. Formatio | <b>-</b> .                     | 20. Rotary or C.T.            |
| 21. Elevations (Show whether DF   |   |   | 2925   | wildcat      |                                | Workover Unit                 |
| 3445 DF   |   | & Status Plug. Bond 2<br>et on File     | 18. Draing Contractor<br>Re-Int ry             |              | 22. Approx<br>5-31             | . Date Work will start<br>-65 |
| 23.   | P   | ROPOSED CASING AND                      | CE INT PROGRAM                                 |              |                                |                               |
| SIZE OF HOLE SIZE OF CASING WEIGHT PER FOOT SETTING DEPTE   |   |   |  | S 01         | - CEMENT                       | EST. TOP                      |
| <u> </u>  | 11-3/4<br>8-5/8                           | 42                                      | 572<br>3687                                    |              |                                | irc to surface                |
|   |   |   | ······································         | · · · · ·    |                                | irc to surface                |
| This is a re-ent<br>Procedure:  | ry into an exis                           | ting piuggea w                          | q⊥⊥.   | l            |                                |                               |
| 1. Move in workover unit, clean out cellar and install wellhead.  |   |   |  |              |                                |                               |
| 2. Drill out cement and C.I. plugs in 8-5/8" casing 0-15!, 1335-14001, 1950-20681, 20001                  |   |   |  |              |                                |                               |
| 3. Perforate Paddock at 2916-2925' with 1 jet shot per foot.<br>4. Matrix acidiz and test.                |   |   |  |              |                                |                               |
| 5. If successful, complete well - if unsuccessful, low-press re squeeze perforations and                  |   |   |  |              |                                |                               |
| perforate Glasseta at 2810', 2812', 2814', 2816', 2818' 2822' will l jet shot at each.                    |   |   |  |              |                                |                               |
| 6. Matrix acidize and test.   |   |   |  |              |                                |                               |
| 7. If successful, complete well - if unsuccessful, low-pressure squeeze off perforations and              |   |   |  |              |                                |                               |
| perforate San Andres at 2751', 2756', 2761', 2778', 2782', 2789, and 794'.<br>8. Matrix acidize and test. |   |   |  |              |                                |                               |
| 9. If successful, complete well - if unsuccessful, return to Paddock and or Lorieta or                    |   |   |  |              |                                |                               |
| plug and aba  | ndon well.                                |   | , <b></b>                                      |              | in any or                      |                               |
|   | : '                                       |   |  |              |                                |                               |
| IN ABOVE SPACE DESCRIBE PR<br>TIVE ZONE, GIVE BLOWOUT PREVENT   | OPOSED PROGRAM: IF<br>ER PROGRAM, IF ANY. | PROPOSAL IS TO DEEPEN O                 | R PLUG BACK, GIVE DATA O                       | N PRESENT PR | DDUCTIVE ZONE                  | An. PROPOSED NEW PRODUC-      |
| I hereby certify that the information   | on above is true and comp                 | plete to the best of my kr              | owledge and belief.                            |              |                                |                               |
| Signed  |   | Iule Dist. A                            | dm. Supervisor                                 |              | Date <u>May</u>                | <u>2 c. 1965</u>              |
| (This space for   | State Usej                                |   |  |              |                                |                               |
| MPM   | t   |   |  |              | MA                             | Y 2 3 1965                    |
| CONDITIONS OF APPROVAL, IF  | MISIZEUQ                                  |   |  |              | E                              |                               |
|   | $\vee$                                    |   |  |              |                                |                               |