

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

AUG 05 1983

O. C. D.
ARTEGIA, OFFICE

5A. Indicate Type of Lease

STATE ☐

FEE ☒

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name <i>Feather Corn</i>	
2. Name of Operator <i>Gulf Oil Corporation</i>		9. Well No. <i>1</i>	
3. Address of Operator <i>P.O. Box 670, Hobbs, NM 88240</i>		10. Field and Pool, or Wildcat <i>Chalk Bluff</i>	
4. Location of Well UNIT LETTER <i>K</i> LOCATED <i>1980</i> FEET FROM THE <i>South</i> LINE AND <i>1980</i> FEET FROM THE <i>West</i> LINE OF SEC. <i>18</i> TWP. <i>18S</i> RGE. <i>37E</i> NMPM		12. County <i>Eddy</i>	
21. Elevations (Show whether DT, RT, etc.) <i>31 22 GR</i>		19. Proposed Depth	19A. Formation
21A. Kind & Status Plug. Bond		20. Rotary or C.T.	
21B. Drilling Contractor		22. Approx. Date Work will start	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
<i>No New Casing</i>					

POH w/ thg. Cap CIBP @ 9150' w/ 35' cmt. Set CIBP @ 8940' cap w/ 35' cmt to P+A
Red Lake Penn. Test csg 1000#. Run log 8000'-6000'. Per/ Wellcamp
7038-42' 7028-32' 7001-05' 6928-32' 6886-90' 6841-45' w/ (2) 1/2" JHPE. Spot acid
7038'-6841'. Acq w/ 6000 gals 15% NEFE HCL (72) RCNB's. Swab + test. Set RBP @
6830'. Per/ Wellcamp 6584-88' 6569-73' 6554-58' 6530-34' 6331-35' w/ (2) 1/2" JHPE
Spot acid 6584'-6331'. Acq w/ 5000 gals 15% NEFE acid, 60 RCNB's. Swab
Test.

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 *RDP* Title *AREA ENGINEER* Date *8-4-83*

(This space for State Use)

Original Signed By
Leslie A. Clements

Supervisor District 11

APPROVED BY _____ TITLE _____ DATE *AUG 09 1983*

CONDITIONS OF APPROVAL, IF ANY: