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NEW MEXICO OIL CONSERVATION COMMISSION

OCT 22 1976

O. C. C.
ARTESIA, OFFICE

30-015-21947
Form C-101
Revised 1-4-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		EMPIRE SOUTH DEEP UNIT	
2. Name of Operator AMOCO PRODUCTION COMPANY ✓		8. Farm or Lease Name EMPIRE SOUTH DEEP UNIT GAS COM	
3. Address of Operator P.O. DRAWER A, LVELLAND, TEXAS 79336		9. Well No. 12	
4. Location of Well UNIT LETTER <u>K</u> LOCATED <u>1980</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>2120</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>5</u> TWP. <u>18-S</u> RGE. <u>29-E</u> NMPM		10. Field and Pool, or Wildcat UNDESIGNATED MORROW	
11. Proposed Depth 11,200		12. County EDDY	
19A. Formation MORROW		20. Rotary or C.T. ROTARY	
21. Elevations (Show whether DF, RT, etc.) 3567.1 GL		22. Approx. Date Work will start BEFORE NOV. 28, 1976	
21A. Kind & Status Plug. Bond BLANKET ON FILE		21B. Drilling Contractor NA	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	48 #	400'	CIRC.	
12 1/4"	9 5/8"	32.3-36 #	2900'	CIRC.	
7 7/8"	5 1/2"	15.5-17 #	11,200'	FILL 700' ABOVE UPPERMOST PAY.	

After drilling well, logs will be run and evaluations made, perforating and/or stimulating as necessary in attempting commercial production.

BOP Program Attached.

Mud Program: Surf to 400' - Native Mud and WATER

400' to 2900' - Native Mud and BRINE

2900' to 11,200' - Low solids non dispersed mud as for suitable hole conditions

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,

GAS is not dedicated.

EXPIRES 1-25-77

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 Kay W. Cox Title Administrative Assistant Date 10-19-76

(This space for State Use)

014-NMOC-C-ART

APPROVED BY W.A. Gussert TITLE SUPERVISOR, DISTRICT II DATE OCT 25 1976

CONDITIONS OF APPROVAL, IF ANY:

1-RC
20-Partners