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NEW MEXICO OIL CONSERVATION COMMISSION

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30-015-22405  
Form C-101  
Revised 1-1-65

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	
3. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		8. Name of Lease Name Johnson	
2. Name of Operator Amoco Production Company /		9. Well No. 1	
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240		10. Field and Pool, or Wildcat Und. <del>Atoka</del> West Strawn	
4. Location of Well UNIT LETTER H LOCATED 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE OF SEC. 10 TWP. 18-S RGF. 25-E NMPM		12. County Eddy	
19. Proposed Depth 7900'		19A. Formation Strawn	
21. Elevations (Show whether OP, RT, etc.) 3494.2 GR		20. notary or C.T.	
21A. Kind & Status Plug. Bond Blanket on file		22. Approx. Date Work will start	
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	416	600	Circ
12-1/4	8-5/8	36	1495	965	Circ
7-7/8	5-1/2	17-23	8700	1500	1230

Propose to recompleate to the Strawn per the following:  
Kill well with 2% KCL water. Pull tubing and packer. Run in hole with CIBP and set at 8475' cap with 35' of cement. Perforate Strawn interval 7872'-7878' with 4 JSPF. Run in hole with 2-3/8 tubing with shear disc assembly and packer. Set packer at 7950'. Drop bar to Shear disc and flow test. If well will not flow acidize as follows: Pump 50 bbls gelled 2% KCL water with 1000 SCF-N2/bbl. Pump 100 bbls 20% NE-HCL with 1000 SCF N2/bbl. Flush to perfs with 50 bbls 2% KCL water with 1000 SCF N2/bbl. Shut-in 15 minutes and flow test well.

O+4-NMOCD, H 1-Hou 1-Susp 1-W. Stafford, Hou 1-DMF

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 Mark Freeman Title Assitant Admin. Analyst Date 1-29-82

(This space for State Use)

APPROVED BY Mike Walter TITLE OIL AND GAS INSPECTOR DATE FEB 11 1982

CONDITIONS OF APPROVAL, IF ANY: