

AMERICAN REPORT

NMOCG COPY

SUBMIT IN TRIPLICATE\*

(Other Instr. as on  
reverse)Form approved.  
Budget Bureau No. 42-R1425.UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

30-015-22802

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

## 1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

## b. TYPE OF WELL

OIL  
WELL ☒GAS  
WELL ☐

OTHER

SINGLE  
ZONE ☐MULTIPLE  
ZONE ☐

## 2. NAME OF OPERATOR

DEPCO, Inc.

## 3. ADDRESS OF OPERATOR

800 Central, Odessa, Texas 79761

## 4. LOCATION OF WELL (Report location clearly and in accordance with instructions.)\*

At surface

Unit Letter A, Sec. 12, T-18-S, R-28-E, 990' FNL &amp; 800' FEL

At proposed prod. zone

(990' FNL &amp; 800' FEL)

## 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

8 miles SW of Loco Hills, New Mexico

## 15. DISTANCE FROM PROPOSED\*

LOCATION TO NEAREST

PROPERTY OR LEASE LINE, FT.

(Also to nearest drlg. line, if any)

800

## 16. NO. OF ACRES IN LEASE

160

## 17. NO. OF ACRES ASSIGNED

TO THIS WELL

40

## 18. DISTANCE FROM PROPOSED LOCATION\*

TO NEAREST WELL, DRILLING, COMPLETED,

OR APPLIED FOR, ON THIS LEASE, FT.

999.85

## 19. PROPOSED DEPTH

2850

## 20. ROTARY OR CABLE TOOLS

Rotary

## 21. ELEVATIONS (Show whether DF, RT, GR, etc.)

3637.1 GR.

## 22. APPROX. DATE WORK WILL START\*

on Approval

## 23.

## PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
15	10 3/4	30	550	500 sx.
8 3/4	7	20	2850	200 sx.

BOP Program: See Exhibit D

Mud Program: 0-550 Spud mud &amp; Native mud.

550-2500 Water - Native Mud

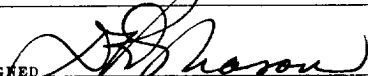
2500-TD Low Solids Gel chemical mud.

wt. 8.6 to 8.8, viscosity 32-34  
water loss 20.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

## 24.

SIGNED



D. R. Mason

TITLE

Chief Clerk

DATE

1-16-79

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

1-25-79

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions On Reverse Side