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NEW MEXICO OIL CONSERVATION COMMISSION

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O. C. D.
ARTESIA, OFFICE

30-015-22925
Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.
L-5033 L 6018

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name State HJ Com.	
2. Name of Operator Amoco Production Company		9. Well No. 1	
3. Address of Operator P. O. Box 68, Hobbs, NM 88240		10. Field and Pool, or Without Und. Morrow	
4. Location of Well UNIT LETTER C LOCATED 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE OF SEC. 2 TWP. 19-S RGE. 31-E NMPM		12. County Eddy	
19. Proposed Depth		19A. Formation	
20. Rotary or C.T.			
21. Elevations (show whether DF, RT, etc.) 3629.8 GL	21A. Kind & Status Plug. Bond	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

Form Submitted to Correct Well Location. Well was drilled on the location on which it was originally staked. Due to poor communication between the dirt contractor and Amoco, the pad was built on the first staked location and well was spudded on 10-3-79 by MGF Drilling Co. Drilling and completion program not changed.

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 Bob Davis Title Assistant Admin. Analyst Date 2-14-80

(This space for State Use)

APPROVED BY W.A. Gressett TITLE SUPERVISOR, DISTRICT II DATE FEB 16 1980

CONDITIONS OF APPROVAL, IF ANY:

O+4 NMOCD-A, 1-Hou, 1-Susp, 1-BD