

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

RECEIVED
SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. NAME OF OPERATOR

Amoco Production Company

APR 8 1977

3. ADDRESS OF OPERATOR

P.O. DRAWER A, LEBLANC, TEXAS 70366

4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal Office)

At surface

1656' FSL X 814' FWL SEC 7 (UNIT L NW/4 SW/4)

At proposed prod. zone

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

9 MILES SE OF CARLSBAD, NM

16. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

16. NO. OF ACRES IN LEASE

19. PROPOSED DEPTH

5900'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

34.92

20. ROTARY OR CABLE TOOLS

ROTARY

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

3105.1

22. APPROX. DATE WORK WILL START*

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4"	8 5/8"	24#	400'	CIRCULATE
7 1/8"	5 1/2"	14-15.5#	5900'	SUFFICIENT TO TIE BACK INTO SURFACE PIPE

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

MUD PROGRAM: O-SCP WATER & NATIVE MUD
SCP - TD BRINE & NATIVE MUD

BOP PROGRAM: ATTACHED

RECEIVED

MAR 24 1977

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

Allen V. Hendley

TITLE

STAFF ASSISTANT (SG)

DATE

3-23-77

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

IF OPERATIONS
ARE NOT COMPLETED WITHIN 3 MONTHS.

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

THIS

ARE NOT

EXPIRES

10-1-1977

DATE

*See Instructions On Reverse Side