Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-101
Revised 1-1-89

215 F
Dp

API NO. (assigned by OCD on New Wells)
30-015-22452

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL ☐ RE-ENTER ☐ DEEPEN ☒ PLUG BACK ☐

b. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER SINGLE ZONE ☐ MULTIPLE ZONE ☒

7. Lease Name or Unit Agreement Name
Pardue Farms Gas Com

2. Name of Operator
Amoco Production Company Rm. 17.184 ✓

8. Well No.
1

3. Address of Operator
P.O. Box 3092 Houston, TX 77253

9. Pool name or Wildcat
Und Morrow

4. Well Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 26 Township 23-S Range 28-E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3012.4 GR			ASAP

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
20"	16"	65#	408'	500 SX	surface
14 3/4"	10 3/4"	45.5# - 40.5#	3025'	1930 SX	surface
9 1/2"	7 5/8"	33.7# - 39.0#	11385'	925 SX	
	5"	18#	11,066' - 13,255'	200 SX	

Dual complete in the Atoka and Morrow. (Form C-107 will be filed if the Morrow completion is successful.

SEE ATTACHED BRIEF.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 9/18/93
UNLESS DRILLING UNDERWAY

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.

SIGNATURE H. I. Black TITLE Staff Business Analyst DATE 2-3-93

TYPE OR PRINT NAME H.I. BLACK TELEPHONE NO (713) 584-7213

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY [illegible] SUPERVISOR, DISTRICT II TITLE DATE FEB 15 1993

CONDITIONS OF APPROVAL, IF ANY: