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NEW MEXICO OIL CONSERVATION COMMISSION

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30-015-22962  
Form C-101  
Revised 1-1-65

APR 23 1980

O. C. D.  
ARTESIA, OFFICE

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	
b. Type of Well DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Pecos Gas 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 Locality Bone Springs	
4. Location of Well UNIT LETTER K LOCATED 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE OF SEC. 35 TWP. 24-S RGE. 28-F NMPM		12. County Eddy	
19. Proposed Depth --		19A. Formation Bone Springs	20. Rotary or C.T. --
21. Elevations (Show whether DT, RT, etc.) 2965.4 GL	21A. Kind & Status Plug. Bond Blanked - on - file	21B. Drilling Contractor --	22. Approx. Date Work will start 4-23-80

23.

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
Existing casing will not be altered					

Propose to recomplete to the Bone Springs zone per the following procedure:

Release packer and pull tubing. Set a cast iron bridge plug in 4 1/2" liner at approx. 11800'. Cap with 35' cement. Pull up to 9950' and spot a 50 sx class H cement plug. Perforate 7950'-54', 7957'-59', 7962'-66', 7968'-70', 7972'-86', 7998'-8030' with 2 JSPF. Run tubing, packer, and tailpipe. Set packer at approx. 7800'. Acidize with 8000 gal 20% HCL acid. Swab backload and begin testing.

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 Admin. Analyst Date 4-21-80

(This space for State Use)

APPROVED BY Bob Davis TITLE Admin. Analyst DATE 4-21-80

CONDITIONS OF APPROVAL, IF ANY WA Gressitt SUPERVISOR, DISTRICT II

APR 24 1980

NMOCD -A 1-Hou 1-Susp 1-BD