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DEC 15 '89

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

API NO. (assigned by OCD on New Wells) 30-015-26264

5. Indicate Type 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: JASSO UNIT

2. Name of Operator: Amoco Production Company ✓

8. Well No.: 1

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

9. Pool name or Wildcat: LOVING, DELAWARE EAST

4. Well Location
Unit Letter I : 1864 Feet From The South Line and 350 Feet From The East Line

Section 22 Township 23-S Range 28-E NMPM EDDY County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
6300	Bone Springs	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3022.3 GR	Blanket on file	N/A	12 - 20 - 89

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	24#	500'	550	Surface
7 7/8"	5 1/2"	15.5#	6300'	1050	Surface*

Propose to drill and equip well in the Bone Springs formation. After reaching TD, logs will be run and evaluated. Perforate and/or stimulate as necessary in attempting commercial production.

MUD PROGRAM:
0'-500'- Fresh water/Native
500'-6000'- Brine Water
6000'-6300'- Brine/Starch

APPROVAL VALID FOR 180 DAYS
PER RULE 6-19-90
UNLESS DRILLING UNDERWAY

* DV tool placed at approximately 3600± feet.

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 Sr. Admin. Analyst DATE 12-14-89

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE DEC 19 1989

CONDITIONS OF APPROVAL, IF ANY: