

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

RECEIVED

MAR 8 1991

O. C. D.

API NO. (assigned by OCD on New Wells)

30-015-26683

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

McClary

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 L : 2074 Feet From The South Line and 444 Feet From The West Line

Section 22

Township

23-S

Range

28-E

NMPM

Eddy

County

10. Proposed Depth

6300'

11. Formation

Delaware

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3028.1' GR

14. Kind & Status Plug. Bond

15. Drilling Contractor

16. Approx. Date Work will start

April 1, 1991

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"	32#	550'	600	Surface
7-7/8"	5-1/2"	15-1/2#	6300'	2100	Surface

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

APPROVAL VALID FOR 180 DAYS
RECEIVED 9/26/91

Mud Program: UNPLUGGED WELL

0 - SCP Native Spud
SCP - 5700' Saturated/Brine
5700' - TD* Salt Gel/Starch

* Add mud materials as necessary to reduce fluid loss.

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

Kim A. Colvin

TITLE

Asst. Admin. Analyst

DATE

3/1/91

TYPE OR PRINT NAME

Kim A. Colvin

TELEPHONE NO.

713/

596-7686

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

MAR 26 1991

CONDITIONS OF APPROVAL, IF ANY.