

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 Coal Seam

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Amoco Production Company

ATTN: J. L. Hampton

3. ADDRESS OF OPERATOR

P. O. Box 800 Denver, Colorado 80201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

1430' FNL, 1450' FEL SW/NE

At proposed prod. zone

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

21 miles from Aztec, NM

10. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT. 1430'
(Also to nearest drig. unit line, if any)

13. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

16. NO. OF ACRES IN LEASE

2560 2430.36

19. PROPOSED DEPTH

3820' TD

17. NO. OF ACRES ASSIGNED
TO THIS WELL

320 acres E 1/2 301.02

20. ROTARY OR CABLE TOOLS

Rotary

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

6813'

GR

This action is subject to technical and

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4"	9 5/8"	36#	250'	200 cf Class B (cement to surface)
8 3/4"	7"	20#	3359'	941 cf Class B (cement to surface)
6 1/4"	5 1/2"	23# 15.5	3820' (TD)	None

Notice of Staking was Submitted: 9/7/89

Lease Description: T32N, R10W

Section 13: all

Section 14: all

Section 23: all

Section 24: all

RECEIVED
OCT 23 1989
OIL CON. DIV
DIST. 3

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

J. L. Hampton /CUB

TITLE Sr. Staff Admin. Supervisor

DATE

9/28/89

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
AS AMENDED

OCT 19 1989

AREA MANAGER

*See Instructions On Reverse Side