

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

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

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

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

API NO. (assigned by OCD on New Wells)

30-045-28953

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

SF-078604-A

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  
Martinez Gas Com J

13571

2. Name of Operator

Amoco Production Company

Attention:

Julie Acevedo

8. Well No.

#1

3. Address of Operator

P.O. Box 800

Denver

Colorado

80201

9. Pool name or Wildcat

Basin Dakota

71599

4. Well Location

Unit Letter

K

: 1760

Feet From The

South

Line and

1720

Feet From The

West

Line

Section

32

Township

32N

Range

10W

NMPM

San Juan

County

10. Proposed Depth

7627'

11. Formation

Basin Dakota

12. Rotary or C.T.

Rotary

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

6088' GL

14. Kind & Status Plug. Bond

State-Wide

15. Drilling Contractor

Aztec

16. Approx. Date Work will start

5/15/93

17.

PROPOSED CASING AND CEMENT PROGRAM

5132274

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	9 5/8"	36#	400'	316 CF Cl B	Cmt to Surface
8 3/4"	7"	23#	3168'	840 cf Cl B	Cmt to Surface

See attached drilling program summary.

This Approval  
Expires 5-3-94  
And Will Not Be  
Extended

MAY 3 1993  
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. 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 Julie Acevedo TITLE Sr Staff Assistant DATE 04-30-1993

TYPE OR PRINT NAME Julie Acevedo TELEPHONE NO.

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT # 3 DATE MAY 3 1993

CONDITIONS OF APPROVAL, IF ANY: