

30-050-089-76

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FILL	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease
STATE FEE

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

a. Type of Work

7. Unit Agreement Name

b. Type of Well DRILL DEEPEN PLUG BACK

8. Farm or Lease Name

OIL WELL GAS WELL OTHER SINGLE ZONE MULTIPLE ZONE

LOWE LAND CO.

3. Name of Operator

9. Well No.

ECHO PRODUCTION, ^{Co.} ~~INC.~~

1

4. Address of Operator

10. Field and Pool, or Wildcat

P. O. BOX 1210 GRAHAM, TEXAS 76046

KING DEVONIAN NORTH

6. Location of Well UNIT LETTER C LOCATED 330 FEET FROM THE NORTH LINE

UNDESIGNATED

2310 FEET FROM THE WEST LINE OF SEC. 3 TWP. 13S RGE. 37E NMPN

12. County

LEA

19. Proposed Depth 12,500 19A. Formation DEVONIAN 20. Rotary or C.T. ROTARY

1. Elevations (Show whether DF, RT, etc.) 3892 Gd 21A. Kind & Status Plug. Bond BLANKET, CURRENT 21B. Drilling Contractor UNDETERMINED 22. Approx. Date Work will start OCTOBER 15, 1984

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17	13 3/8	54.5	400	450	SURFACE
12 1/4	8 5/8	28	4500	500	3500
7 7/8	5 1/2	17 & 20	12,500	500	11,500

1. Drill 17 Inch Surface hole to 400 ft. and set 13 3/8" casing. Cement W/400 sacks Class C cement with 2% Calcium Chloride.
2. Drill 12 1/4 hole from 400 ft. to 4500 ft. and set 8 5/8" intermediate casing at 4500 ft. cement w/500 sacks POZ Mix cement W/18% salt.
3. Drill 7 7/8 hole from 4500 ft to TD of 12,500. Cement W/500 sacks Class C with 18% Salt.
4. Run Cement Bond Log & Perforate Devonian at approximate depth of 12,300.
5. Acidize Devonian with estimated 5000 gals acid. Cement on the 8 5/8 casing must be brought from the top of the seal or anhydrite to the surface casing by either circulating with cement or a BY FOOT at the top of the seal.
6. Swab well into production.

ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE NAME OF PRESENT PRODUCING WELLS AND PROPOSED NEW PRODUCTION 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 T. D. Hoffman Title OPERATIONS MANAGER Date 9/26/84

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE OCT 18 1984

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 4/18/85
UNLESS DRILLING UNDERWAY

RECEIVED

SEP 28 1984

O.C.O.
HOBBS OFFICE