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NEW MEXICO OIL CONSERVATION COMMISSION

Orig & 4cc: NMOCC  
 lcc: H. E. Berg  
 lcc: R. H. Coe  
 lcc: File

Form C-101  
 Revised 1-1-65

5A. Indicate Type of Lease  
 STATE  FEE

5. State Oil & Gas Lease No.  
**4487-1**

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work  
 b. Type of Well DRILL  DEEPEN  PLUG BACK   
 OIL WELL  GAS WELL  OTHER  SINGLE ZONE  MULTIPLE ZONE

2. Name of Operator  
**Tidewater Oil Company**

3. Address of Operator  
**P. O. Box 249, Hobbs, New Mexico 88240**

4. Location of Well UNIT LETTER **K** LOCATED **1980** FEET FROM THE **South** LINE  
 AND **1980** FEET FROM THE **West** LINE OF SEC. **16** TWP. **20-S** RGE. **37-E** NMPM

7. Unit Agreement Name  
 8. Farm or Lease Name  
**State "I"**

9. Well No.  
**2**

10. Field and Pool, or Wildcat  
**Monument**

12. County  
**Lea**

19. Proposed Depth  
**6800**

19A. Formation  
**Tubb**

20. Rotary or C.T.  
**Rotary**

21. Elevations (Show whether DF, RT, etc.)  
**3541 DF**

21A. Kind & Status Plug. Bond  
**Blanket**

21B. Drilling Contractor  
**Contract Not Let**

22. Approx. Date Work will start  
**When Permit Received**

23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
6-1/4	5"	15	6600'	300	3650 Top of Liner

This well is presently completed in the Grayburg-San Andres, perforations 3716-3745 and has been shut-in since 10-1-65. It is proposed to deepen and complete in Tubb oil interval. Work to be performed as follows: Drill 6-1/4" hole from 3749-6600. Run DST over lower San Andres from 3900-4500. Run MLL-caliper, GR-N, Laterlog from casing to TD (if hole irregular, run GR-Sonic instead of GR-N). Run and hang 2950' of 5" 15#, J-55 FJ liner. (7" casing set at 3791'.) Cement w/300 sacks 50-50 pox "A" class "H". WOC 24 hours. Cleanout cement inside of liner w/4-1/4" bit. Test liner w/1000#. Run tie-in log and perforate 8 holes 6540 to 6590 in Tubb zone. Treat w/5000 gals 15% acid, ball sealers. Fracture treat w/30,000 gals oil, 30,000# sand. Swab test well. If well does not flow, install pumping equipment.

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.

Original Signed By

Signed **C. L. WADE** Title **Area Superintendent** Date **8-28-67**

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: