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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease  
STATE  FEE

5. State Oil & Gas Lease No.  
**B-2330**

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name <b>State E</b>
2. Name of Operator <b>Tidewater Oil Company</b>		9. Well No. <b>3</b>
3. Address of Operator <b>P. O. Box 249, Hobbs, New Mexico 88240</b>		10. Field and Pool, or Wildcat <b>Eunice (Grayburg-S.A.)</b>
4. Location of Well UNIT LETTER <b>P</b> LOCATED <b>660</b> FEET FROM THE <b>East</b> LINE AND <b>760</b> FEET FROM THE <b>South</b> LINE OF SEC. <b>16</b> TWP. <b>21S</b> RGE. <b>36E</b> NMPM		12. County <b>Lea</b>
		19. Proposed Depth <b>4100</b>
		19A. Formation <b>Grayburg</b>
		20. Rotary or C.T. <b>Rotary</b>
21. Elevations (Show whether DF, RT, etc.) <b>3607 Ground</b>	21A. Kind & Status Plug, Bond <b>Blanket w/St. Paul Indemnity 11-30-37</b>	21B. Drilling Contractor <b>B &amp; L</b>
		22. Approx. Date Work will start <b>When Permit Received</b>

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"	24#	1300	450	Surface
7-7/8"	4-1/2"	9.5#	4100	500	1300'

It is planned to drill with water to 1300', set 8-5/8" casing and circulate cement to the surface, drill out with water on down to 3850', convert to inverted oil emulsion mud and drill to TD at approximately 4100', set 4-1/2" casing at TD and cement back to base of salt, complete by perforating and acidizing the Grayburg.

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 B. M. BREINING Title Authorized Employee Date 10-17-66

(This space for State Use)

APPROVED BY Joaquin Ramirez TITLE Dist. Super. DATE 10-17-66

CONDITIONS OF APPROVAL, IF ANY: