

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

dfk  
up

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

AUG 17 1992

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

O. C. D.  
ARTESIA OFFICE

API NO. (assigned by OCD on New Wells)

30-015-22677

5. Indicate Type of Lease

STATE

FEE

6. State Oil & Gas Lease No.

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

Brantley Gas Com

8. Well No.

1

2. Name of Operator

Amoco Production Company Rm. 16.108

3. Address of Operator

P.O. Box 3092 Houston, TX 77253

9. Pool name or Wildcat

East Loving Delaware

4. Well Location

Unit Letter K: 1880 Feet From The FSL Line and 2080 Feet From The FWL Line

Section 22 Township 23S Range 28E NMPM Eddy County

10. Proposed Depth

11. Formation

Delaware

12. Rotary or C.T.

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

3012, 3 GR

14. Kind & Status Plug. Bond

15. Drilling Contractor

16. Approx. Date Work will start

ASAP

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
Existing casing will not be altered					

1) MIRU SU

2) SET CIBP 50' ABOVE ATRKA PERFS. CAP W/ 35' CMT.

3) PERF FROM 6100-6170' W/ 4 JS PF

4) ACIDIZE W/ 2000 GAL 7 1/2% HCL

5) FRAC W/ APPROX. 30,000 GAL X-LKD GEL AND 55,000# SAND

6) RETURN TO PRODUCTION

APPROVAL VALID FOR 180 DAYS  
PERMIT EXPIRES 2/19/93  
UNLESS DRILLING UNDERWAY

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

H. I. Black

TITLE

Stf. Admin. Analyst

DATE

8-11-92

TYPE OR PRINT NAME

H. I. BLACK

TELEPHONE NO. 713-584-72

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

AUG 20 1992

CONDITIONS OF APPROVAL, IF ANY: