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NEW MEXICO OIL CONSERVATION COMMISSION  
TOLSON OFFICE O. C. C.

JUL 31 11 40 AM '67

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator <b>Amerade Petroleum Corporation</b>		8. Farm or Lease Name <b>C. W. Robinson</b>
3. Address of Operator <b>P. O. Box 668 - Hobbs, New Mexico</b>		9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>H</b> LOCATED <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE OF SEC. <b>23</b> TWP. <b>11-S</b> RGE. <b>32-E</b> NMPM		10. Field and Pool, or Wildcat <b>Moore</b>
		12. County <b>Lee</b>
		19. Proposed Depth <b>Wolfcamp</b>
21. Elevations (Show whether DF, RT, etc.) <b>4351' DW</b>		20. Rotary or C.T. <b>Wolfcamp</b>
21A. Kind & Status Plug. Bond <b>Blanket</b>	21B. Drilling Contractor	22. Approx. Date Work will start <b>7-29-67</b>

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	360	300'	225	
11"	8-5/8"	26 & 320	3,470'	1500	
7-7/8"	5-1/2"	170	10,658'	600	

Run bridge plug and set at 8600' with 1 sack cement on top. Perforate Wolfcamp Zone from 8257-63', 8272-78', 8290-8300', 8317-22', 8381-83', 8398-8400', and 8414-26' with one Hyper-Jet shot per ft. Acidize with 3000 gals. 15% Reg. acid with ball sealers. Swab well and complete as a gas well.

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.

Signed B. J. Liny Title District Superintendent Date 7-28-67

(This space for State Use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: