NO. OF COPIES RECEIVED							
DISTRIBUTION	NEWA					Form C-101	
SANTA FE	_				Revised 14-6		
FILE	_				SA. Indicate	Type of Lease	
U.S.G.S.					STATE		
LAND OFFICE	4				.5. State Off	& Gas Lease No.	
OPERATOR					mm		
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK							
1a. Type of Work					7. Unit Agre	ement Name	
DRILL [DEEPEN []	PLUGR	ACK X			
b. Type of Well		SINGLE X MULTIPLE				3. Farm or Lease Name	
OIL X CAS WELL OTHER SINGLE X MULTIPLE ZONE ZONE					Cross Oil Com		
Amoco Production C	Company]		
3. Address of Operator					10. Field and Pool, or Wildcat		
P. O. Box 68, Hobbs, New Mexico 88240					Und. Abo		
4. Location of Well Unit Letter 0 LOCATED 330 FEET FROM THE South Line							
1650							
AND 1650 FEET FROM THE	Ed SC CINE	35		-E "MPM	12. County	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					Lea		
	Hillin I			Titt	111111		
					<i>1111111</i>		
			Proposed Depth 19	A. Formatio	n .	20. Rotary or C.T.	
11. Lievations (Show wnether of, RT,	ric.l 121A Kird	6 Status Plug. Bond 2	B. Drilling Contractor		22 Approx	. Date Work will start	
. 4273 GL		ket on File	D. Diaming conductor		22	. Date work will be at	
23.							
	Pf	ROPOSED CASING AND	CEMENT PROGRAM				
		WEIGHT PER FOOT				EST. TOP	
15	13-3/8 8 - 5/8	48# 32#	346 4009	Circ. 2000		Circ.	
7-7/8	5-1/2		9874	600		7630	
, ,,,,	0 17.2		1	1		1	
•							
Propose to recomplete from the Bough C to the Abo per the following:							
Move in service unit. Pull rods, pump, and tubing. Run in hole with CIBP and set at							
9625'. Test and cap with 35' of cement. Perforate interval 8820'-8838' with 4 JSPF.							
Run in hole with 2-7/8" tubing, packer, and 3 joint of tailpipe. Acidize with 3500 gallons of 15% NEFE HCL. Flush to perfs with fresh water. Swab test and evaluate well.							
gallons of 15% NEF	E HCL. Flust	i to perts with	rresh water.	swap tes	it and ev	aluate well.	
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· · · · · · · · · · · · · · · · · · ·	1011 3 DME	- 1 H C1 - CC	1 1001				
0+4-NMOCD,H 1-H	IOU 1-DMF	1-W. Stafford	1, HUU				
						. THU BRUDUZEU PEM BRUDUC	
IN ABOVE SPACE DESCRIBE PROPO TIVE ZONE, GIVE BLOWOUT PREVENTER PR	SED PROGRAM: IF P Hogram, IF ANY.	PROPOSAL IS TO DEEPEN OF	PLUG BACK, GIVE DATA ON	PRESENT PR	ODUCTIVE ZUNC	AND PROPOSED NEW PRODUC	
I hereby certify that the information ab	nove is true and comp	lete to the best of my kn	owledge and belief.				
Mark trace	man	Title Assis	t. Admin. Analys	st	Date Augu	ıst 17, 1982	
	- 11 - 1						
(This space for State	e Usej				-		
APPROVED BY ORIGINAL SIGNED BY		TITLE			DATE	2 2 6 1002	
CONDITIONS OF APPROVAL IFEM					HU(1 1002	
DISTRICT 1					· -		

AUG 25 JOB2

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