

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

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

API NO. (assigned by OCD on New Wells)

30-025-01025

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B9950

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

SIDETRACK AROUND COLLAPSED CASING.

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

STATE BTA

2. Name of Operator

AMERADA HESS CORPORATION

3. Address of Operator

P. O. BOX 2040 TULSA, OKLA. 74102

8. Well No.

1

9. Pool name or Wildcat

BAGLEY SILURO DEVONIAN

4. Well Location

Unit Letter J : 1980 Feet From The SOUTH Line and 1980' Feet From The EAST Line

Section 2

Township 12 S

Range 33 E

NMPM

1 EA

County

10. Proposed Depth

10,735

11. Formation

DEVONIAN

12. Rotary or C.T.

ROTARY

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

4224 GR

14. Kind & Status Plug. Bond

BLANKET, CURRENT

15. Drilling Contractor

UNKNOWN

16. Approx. Date Work will start

SEPTEMBER 20,

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
-	8-5/8	32#	2920	1500	SURFACE
7-3/4	5-1/2	17#	10,735	878	3900

AMERADA HESS CORPORATION PROPOSES TO RE-ENTER THIS WELL, CUT & PULL EXISTING 5-1/2" CASING @  $\pm 5100'$ . SET KICK OFF PLUG AND SIDETRACK AROUND COLLAPSED CASING. DRILL 7-3/4" HOLE TO 10,735'  $\pm$ , LOG AND RUN 5-1/2" PRODUCTION CASING AND COMPLETE IN THE DEVONIAN FORMATION.

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

*J. R. Wilson*

TITLE

SUPERVISOR, DRLG ADMIN. SV

DATE

9-10-91

TYPE OR PRINT NAME

J. R. WILSON

TELEPHONE NO.

918-599-4226

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 11 1991

MISSISSAUGA  
MISSISSAUGA