

OIL CONSERVATION DIVISION

P.O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-101
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease STATE ☒ FEE ☐
5. State Oil & Gas Lease No. LH-3268

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1. Type of Work DRILL ☒ DEEPEN ☐ PLUG BACK ☐		7. Unit Agreement Name
2. Type of Well OIL WELL ☒ GAS WELL ☐ OTHER ☐		8. Form or Lease Name State "BF"
3. Name of Operator AMOCO PRODUCTION COMPANY		9. Well No. 1
4. Address of Operator P.O. BOX 68 HOBBS, NEW MEXICO 88240		10. Field and Pool, or Wildcat Wildcat Fusselman
5. Location of Well UNIT LETTER <u>A</u> LOCATED <u>660</u> FEET FROM THE <u>North</u> LINE <u>660</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>2</u> TWP. <u>8-S</u> RCE. <u>36-E</u> NMPL		12. County Roosevelt
6. Elevations (show whether DT, H, etc.) 4089.1' GR		19. Proposed Depth 11,200
21A. Kind & Status Plug. Bond Blanket on File		15A. Formation Fusselman
21B. Drilling Contractor Undetermined		20. Rotary or C.T. Rotary
22. Approx. Date Work will start ASAP		

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"	54.5# K-55	400'	Circ	Surface
12 1/4"	9 5/8"	32.3# H-40, 36# K-55	4000'	Tie back to 13 3/8"	400'
8 3/4"	5 1/2"	15.5#, 17# K-55	11,000'	Tie back to 500' above Cisco	8700'

Propose to drill and equip well in the Fusselman formation. After reaching TD logs will be run and evaluated. Perforate and stimulate as necessary in attempting commercial production.

BOP Diagram Attached

Permit Expires 6 Months From A
Date Unless Drilling Under

Mud Program
0'-400' Spud Mud
400'-4000' Brine
4000'-11,200' Cut brine / Salt Gel / Starch

BOVE SPACE DESCRIBE PROPOSED PROGRAM AND PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCE.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signature: [Signature] Title: Administrative Analyst Date: 20 MAY 1985ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISORAPPROVED BY: _____ TITLE: _____ DATE: MAY 1985

0+5 NMOC -H, 1-JRB, 1-FJN, 1-NLG