

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K-5606	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		8. Form or Lease Name State DQ	
2. Name of Operator Amoco Production Company		9. Well No. 1	
3. Address of Operator P. O. Box 68 Hobbs, NM 88240		10. Field and Pool, or Wildcat Many Gates Morrow	
4. Location of Well UNIT LETTER <u>C</u> LOCATED <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>32</u> TWP. <u>9-S</u> RGE. <u>30-E</u> NMPM		12. County Chaves	
19. Proposed Depth ----		19A. Formation Wolfcamp	
21. Elevations (Show whether DF, RT, etc.)		22. Approx. Date Work will start	
21A. Kind & Status Plug. Bond Blanket-on-file		21B. Drilling Contractor	

PROPOSED CASING AND CEMENT PROGRAM

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

Propose to recompleate well from the Morrow to the Wolfcamp per the following:

Pull tubing and packer and set a cast iron bridge plug at 9100'. Cap with 35' Class H cement. Pull tubing, and perforate 8114'-8128' and 7292'-7320' with 4 JSPF using a casing gun. Run in hole with 2-3/8" tubing, packer and retrievable bridge plug. Run one joint of tailpipe below packer. Set bridge plug at 8250'. Raise and set packer at approx. 8000'. Acidize down tubing, with 2800 gal. 20% DS-30 acid and additives. Swab test to evaluate productivity.

O+4-NMOCD, H 1-Susp 1-Hou 1-LBG

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 Bob Davis Title Admin. Analyst Date 8-25-80

-(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE 8-25-80
CONDITIONS OF APPROVAL, IF ANY: