

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

~~Oil~~  
WELL ☒

GAS  
WELL ☒

OTHER ☐

SINGLE  
ZONE ☒

MULTIPLE  
ZONE ☐

2. NAME OF OPERATOR

Anadarko Petroleum Corporation

3. ADDRESS OF OPERATOR

P.O. Drawer 130, Artesia, New Mexico 88211-0130

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*  
At surface

1980' FSL & 1980 FWL  
660

At proposed prod. zone

same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

20 miles North of Maljamar, New Mexico

15. DISTANCE FROM PROPOSED\*

LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drlg. unit line, if any)

660'

16. NO. OF ACRES IN LEASE

640

18. DISTANCE FROM PROPOSED LOCATION\*  
TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

2750'

17. NO. OF ACRES ASSIGNED  
TO THIS WELL

320

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

22. APPROX. DATE WORK WILL START\*

January 1, 1991

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4	8-5/8"	24.0	350	230 SX
7-7/8	4-1/2	11.6	2750	650 SX

1. Rig up rotary tools.
2. Drill to approximately 350'; set and circulate or ready-mix cement to surface on 8-5/8" casing. Install and test Series 900 Double Ran Hydraulic Blowout Preventer to 6000 psig.
3. Drill to 2750' (TD), run O.H. logs.
4. Set & cement 4-1/2" casing @ TD.
5. Perforate, acidize, and fracture treat (if necessary).
6. Run 2-3/8" tubing and 4-1/2" production packer.
7. Install Christmas Tree.
8. Place well on production.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

*James E. Buckles*

TITLE

Area Supervisor

DATE

10/03/90

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

S/Lewi Deike, Acting

TITLE

Area Manager

CONDITIONS OF APPROVAL, IF ANY:

DATE

DEC 5 1990

\*See Instructions On Reverse Side