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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease  
STATE ☐ FEE ☒

5. State Oil & Gas Lease No.

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER T.A. <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		8. Farm or Lease Name V. Linam	
2. Name of Operator Amerada Hess Corporation		9. Well No. 2	
3. Address of Operator Drawer "D", Monument, New Mexico 88265		10. Field and Pool, or Wildcat Bronco	
4. Location of Well UNIT LETTER C LOCATED 330 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE OF SEC. 14 TWP. 13-S RGE. 38-E NMPM		12. County Lea	
19. Proposed Depth 9640'		19A. Formation Wolfcamp	
21. Elevations (Show whether DF, RT, etc.) 3813' DF		22. Approx. Date Work will start 10-8-73	
21A. Kind & Status Plug. Bond Blanket		20. Rotary or C.T.	

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

Plan to dump 35' cement on top of bridge plug at 10,510'.

Perforate from 9690' to 9692' and 9652' to 9654' w/2 SPF. Set retainer at 9620'.  
Block squeeze with 150 sx. Class "H" cement.

Perforate 9548' to 9550' w/2 SPF. Set retainer at 9520' & block squeeze w/150 sx.  
Class "H" cement.

Drill out cement and retainers. Perforate from 9670' to 9680' w/2 SPF. Acidize w/  
1000 gals. 15% NE acid. Swab test. Set Ret. BP at 9640'. Perforate 9560' to  
9584', 9595' to 9610', 9622' to 9624' w/2 SPF. Acidize w/3500 gals. 15% NE acid.  
Swab test. Run production equipment and restore well to producing status.

APPROVAL VALID  
FOR 90 DAYS UNLESS  
DRILLING COMMENCED,

EXPIRES 1-9-74

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 MD Bloch Title Supver., Admin. Services Date 10-4-73

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: