| NO. OF COPIES REC | EIVED | | | | | | | | |
|---|---------------------|----------------|--|------------------|-------------------|----------------|----------------|------------------|------------------------|
| DISTRIBUTIC | | | | | DN F | Form C-101 | | | |
| SANTA FE | | | | | | F | levised 1-1-6 | j. | |
| FILE | | | | | | ſ | | Type of Leas | e |
| U.S.G.S. | | | | | | | STATE X | FE | E . |
| LAND OFFICE | | | | | | ŀ | 5. State Oil (| Gas Lease I | No. |
| OPERATOR | | | | | | | 0G-5343 | | |
| | | | | | | R | <u>IIIIII</u> | IIIIII. | <u>IIIIII</u> |
| APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK | | | | | | | | | |
| la. Type of Work | | | | | | | 7. Unit Agree | ment Name | |
| | | п | EEPEN X | | DI UC | | | | |
| b. Type of Well | | b | | | rLuc | | 8. Farm or Le | ase Name | |
| WELL X | GAS WELL | OTHER | | SINGLE ZONE | м | ZONE | State F |) . | |
| 2. Name of Operator | ··· | | 2 | | | | 9. Well No. | • . | |
| Amoco Produ | uction Compan | nv | | | | | 1 | | |
| 3. Address of Operat | or | | | | | | 10. Field and | Popl, or Wild | dcat |
| P. O. Box 6 | 68, Hobbs, | NM 88240 | | | | | Nonombr | Penn B | ough- |
| 4. Location of Well | UNIT LETTER | G LOCATE | _{в 1980} | FFET FROM THE | Nor | th LINE | IIIIII | TITIT | <u>IIIIII</u> |
| | <u></u> | | | | | | /////// | 1111111 | |
| AND 1980 | FEET FROM THE | East LINE O | IF SEC. 32 | тыр. 13-5 | RGE. 3 | 4-E NMPM | | /////// | |
| | | | | IIIIIII | \overline{M} | IIIIII | 12. County | $\overline{\Pi}$ | IIIIII |
| | | | | | | | Lea | | /////// |
| | | | | <u>IIIIIIII</u> | \overline{IIII} | | IIIIII | 11111 | <u>IIIIII</u> |
| AIIIIIIIIII | | | | | 1111 | | | IIIIIII. | /////// |
| | <u>IIIIIIIII</u> | immin (| iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | 19. Proposed De | epth | 19A. Formation | | 20. Rotary or | C.T. |
| ////////// | | illillilli | | | | Bough | 1 | | |
| 21. Elevations (Show | whether DF, RT, etc | .) 21A. Kind & | Status Plug. Bond | 21B. Drilling Co | ontractor | | | Date Work wi | ill sta r t |
| 4166' KB | | | | | | | · · | 0-9-81 | |
| 23. | | | | | | | • | <u>X_</u> | |
| | | PRO | POSED CASING A | ND CEMENT PRO | JCPAM | | | | |

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|--------------|----------------|------------------------|------------------------|-----------------|----------|
| | | | | | |
| ······ | Exi | <u>sting casing wi</u> | <u>ll not be alter</u> | ed | |
| | | | | | |

Propose to recomplete from Wolfcamp to Bough A, B and C zones: Pull tubing and packer. Cap retrievable bridge plug set at 10310' with 25' of sand. Run a drillable cement retainer and set at 9850'. Squeeze Wolfcamp perforations 9902-9924' with 50 sacks Class H cement and tail in with additional 50 sacks Class H neat. Run a drillable cement retainer and set at 9360'. Squeeze Wolfcamp perforations 9412'-9435' with 50 sacks Class H cement and tail in with additional 50 sacks Class H neat. Drill out cement to 10285'. Circulate sand off retrievable bridge plug and pull retrieve bridge plug. Perforate 10,390-10402', 10314'-10330 with 4 JSPF. Run and set a retrievable bridge plug at 10430'. Set packer at 10375'. Acidize with 1000 gals. 20% NE HCL acid. Pull retrievable bridge plug to 10875' and packer set at 10340'. Repeat acidize procedure. Reset bridge plug at 10340' and packer at 10250'. Repeat acidize procedure. Evaluate results.

0+4-NMOCD, H 1-Hou 1-Susp 1-GPM

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 con | plete to the t | est of my knowledge and belief. | | |
|---------------------------|-----------------------------------|----------------|---------------------------------|-------------|-----------------|
| Signed the | Mitchel | Title | Admin. Analyst | Date10-6-81 | |
| (This s | Jerry Sexton | | | | 1981 |
| | Jerry Sexton | | | | 19 9 9,1 |
| APPROVED BY | Diet 1, Supe | TITLE | | DATE | |
| CONDITIONS OF APPRO | DVAL, IF ANY: | | | | |