30-041-20198

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-78

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

b. Type of Well: DRILL ☒ DEEPEN ☐ PLUG BACK ☐
OIL WELL ☒ GAS WELL ☐ OTHER SINGLE ZONE ☐ MULTIPLE ZONE ☐

7. Unit Agreement Name

8. Farm or Lease Name: Wilbanks

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: Peterson Fusselman

4. Location of Well: UNIT LETTER F LOCATED 1650 FEET FROM THE West LINE AND 330 FEET FROM THE North LINE OF SEC. 19 TWP. 5-S RGE. 33-E NMPM

12. County: Roosevelt

19. Proposed Depth	19A. Formation	20. Rotary or C.T.
8800'	Fusselman	Rotary

21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
4419.1' G.L.	Blanket on file	N/A	4-8-85

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	32#	2000'	Circulate	Surface
7-7/8"	5-1/2"	15.5#, 17#	8200'	Fill back to 500' above Cisco formation (approx. 7115')	

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

Mud Program: 0-2000' - Native mud
2000'-6500' - Brine
6500'-8200' - Brine/Salt Gel/Starch

Permit Expires 6 Months From Approval Date Unless Drilling Underway.

BOP Diagram attached

OTS-NMOCD, H 1-JRB 1-FJN 1-BFC 1-Phillips

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 Bonita Coble Title Administrative Analyst Date 4-1-85

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE APR - 3 1985

CONDITIONS OF APPROVAL, IF ANY: