STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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. B-9683

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 ☐

7. Unit Agreement Name: Anderson Ranch

8. Farm or Lease Name: Anderson Ranch Unit

2. Name of Operator: CONOCO INC.

9. Well No.: 7

3. Address of Operator: P. O. Box 460, Hobbs, N.M. 88240

10. Field and Pool, or Wildcat: Anderson Ranch ~~Morrow~~ Wolfcamp

4. Location of Well UNIT LETTER W LOCATED 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE OF SEC. 2 TWP. 16S RGE. 32E NMPM

12. County: Lea

19. Proposed Depth	19A. Formation	20. Rotary or C.T.
PBTD - 10,000'	Wolfcamp	Rotary

21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
4293' GL	Blanket	—	—

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
		NO CHANGE			

MIRU. Rel pkr @ 11,969'. Run GR-CNL log from 11,900'-9200'. Run GR-CBL-CCL log from 10,000'-8800'. Set cmt. ret @ 10,000'. Spot 250 sxs class "H" cmt w/ 3/4% Halad 9. Displace cmt w/2% KCL. If recommended by engineer, blk sqz Saunders pay as follows: Shoot 4 jspf @ recommended depth. Set sqz pkr @ recommended depth. Spot recommended # of sxs class "H" cmt & blk sqz @ recommended pressure. Flush to 200' below pkr. WOC. Rel pkr. DO cmt to cmt ret @ 10,000'. Set pkr @ 9500'. Test sqzd perfs. Run GR-CBL-CET-CCL log from 10000'-8000'. Spot 4.5 bbls 10 wt percent acetic acid from 9850'-9650'. Tag cmt ret @ 10,000' & correlate to GR-CBL-CCL log. Perf w/ 4 jspf @ recommended depths. Swab. Set pkr @ 9650'. Run rods, tbg & pump. Hang well on. Place in test.

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 [signature] Title Administrative Supervisor Date 7/31/85

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG - 6 1985

CONDITIONS OF APPROVAL, IF ANY: