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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.
B-9683

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
		Indian Rock Well	
b. Type of Well		8. Farm or Lease Name	
DRILL ☐ DEEPEN ☐ PLUG BACK ☒		Indian Rock Well	
OIL WELL ☐ GAS WELL ☒ OTHER ☐		9. Well No.	
2. Name of Operator		7	
Continental Oil Company		10. Field and Pool, or Wildcat	
3. Address of Operator		Indian Rock	
P.O. Box 460, Hobbs, New Mexico			
4. Location of Well		12. County	
UNIT LETTER <u>24</u> LOCATED <u>660</u> FEET FROM THE <u>South</u> LINE		Lea	
AND <u>1080</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>2</u> TWP. <u>16S</u> RGE. <u>32E</u> NMDM			
19. Proposed Depth		19A. Formation	
PB TO 12,300'		Triassic	
20. Rotary or C.T.			
21. Elevations (Show whether DF, RT, etc.)		22. Approx. Date Work will start	
4306' NF		1-18-71	
21A. Kind & Status Plug Bond		21B. Drilling Contractor	
OK File			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	48 lb	615'	5000 lb	
12 1/4"	9 5/8"	40 lb	4248'	4525 lb	403'
8 1/4"	5 1/2"	17 1/2, 20 1/2, 23'	13,531'	1570 lb	8852'

It is proposed to abandon the Devonian formation and selectively plug and stimulate the Permian. Set C.T. Spot 12,300'. Spot also gets 7 1/2 PC LSTNE acid containing 20 gal "adafom". Plug w/ 8 STF from 12,104' - 12,109'. Treat w/ add. 4000 gal 7 1/2 PC LSTNE acid w/ 4000 gal "adafom". Please well can prod.

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 W.E. Weathers Title Administrative Asst. Date 1-11-71

(This space for State Use)

APPROVED BY Leslie A. Clements TITLE Oil & Gas Inspector DATE AN 10 10 71

CONDITIONS OF APPROVAL, IF ANY:

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