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# NEW MEXICO OIL CONSERVATION COMMISSION

Orig & lcc: NMOCC  
lcc: H. E. Berg  
lcc: R. H. Coe  
lcc: File

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-7897	

## 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 <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		8. Farm or Lease Name	
2. Name of Operator		9. Well No.	
Tidewater Oil Company		1	
3. Address of Operator		10. Field and Pool, or Wildcat	
P. O. Box 249, Hobbs, New Mexico 88240		Lovington-San Andres	
4. Location of Well UNIT LETTER <u>N</u> LOCATED <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>32</u> TWP. <u>16S</u> RGE. <u>37E</u> NMPM		12. County	
		Lea	
19. Proposed Depth		19A. Formation	20. Rotary or C.T.
5200'		San Andres	Rotary
21. Elevations (Show whether DF, RI, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
3800' GR	Blanket w/St. Paul	Contract Not Let	When Permit Received

Indemnity 11-30-37

### 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"	20# & 24#	400'	300 sx.	Surface
7-7/8"	5-1/2"	15.5#	5200'	500 sx.*	Base of Salt
*Volume to be determined by fluid survey.					

It is planned to drill with spud mud to 400', set 8-5/8" casing and cement to surface. Drill 7-7/8" hole to 4500' with brine water and to 5200' with salt mud. Run Micro-laterlog, Gamma Ray-Acoustic and Laterlogs. Set 5-1/2" casing and cement back to base of salt. Complete by perforating San Andres intervals from 4700' to 5000' and treating with acid.

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 C. E. Wade Title Area Superintendent Date 9-6-67  
(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: