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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.

## 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 ☐

2. Name of Operator

Adams Exploration Company

3. Address of Operator

410 West Ohio, Suite 202, Midland, Texas 79701

4. Location of Well

UNIT LETTER P LOCATED 660 FEET FROM THE South LINE

AND 660 FEET FROM THE East LINE OF SEC. 32 TWP. 15-S RGE. 35-E NMPM

7. Unit Agreement Name

8. Farm or Lease Name

Baer

9. Well No.

1

10. Field and Pool, or Wildcat

Townsend

12. County

Lea

19. Proposed Depth

11,000

19A. Formation

Wolfcamp

20. Rotary or C.T.

Rotary

21. Elevations (Show whether DF, RT, etc.)

21A. Kind & Status Plug. Bond

21B. Drilling Contractor

Quarrels Drlg. Co.

22. Approx. Date Work will start

12-1-79

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2	12-3/8	48	400	600	Circulate
12-1/4	8-5/8	24 & 32	4800	400	3500
7-7/8	4-1/2	10.5 & 11.6	11000	250	9600

Drill 17-1/2" hole to 400'. Run 12-3/8" casing to 400' and cement w/600 sx cement, circulated - RU BOP & test. WOC minimum 18 hrs. Drill out w/12-1/4" bit w/wtr to  $\pm$  4800'. Run 8-5/8" 32 & 24#/ft J-55 casing to 4800' & cement w/400 sx. WOC minimum 18 hrs. NU pack off. Test casing & BOP's. Drill out w/7-7/8" bit to T.D.  $\pm$  11,000'. Wolfcamp is primary objective and will be DST'ed if shows are encountered. Should production be indicated, 4-1/2" 10.5# & 11.6#/ft production casing will be run.

\*\*\*Cement on the intermediate casing must be brought from the top of the salt or anhydrite to the surface casing. This can be done by either circulating the intermediate casing with cement, or a DV tool at the top of the salt.

ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTION ZONE. GIVE BLOWDOWN PREVENTER PROGRAM, IF ANY.

Hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed J.T. Berry Title Operations Manager Date 11-16-79

(This space for State Use)

SUPERVISOR DISTRICT 1

NOV 30 1979

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*\*\*SEE ABOVE