

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

NEW MEXICO OIL CONSERVATION COMMISSION

30-025-26589

Form C-101
Revised 1-1-65

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

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		8. Farm or Lease Name Anderson B Com.	
c. 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 Und. Anderson Ranch Morrow	
4. Location of Well UNIT LETTER <u>I</u> LOCATED <u>3670</u> FEET FROM THE <u>North</u> LINE AND <u>810</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>3</u> TWP. <u>16-S</u> RGE. <u>32-E</u> NMPM		11. County Lea	
19. Proposed Depth 12,600'		19A. Formation Morrow	
20. Rotary or C.T. Rotary		21. Elevations (show whether DE, RT, etc.) 4310.8 GL	
21A. Kind & Status Plug. Bond Blanket-on-File		22. Approx. Date Work will start 12-15-79	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48#	400'	Circ	Surf
12-1/4"	9-5/8"	36#	4200'	Circ	Surf
8-3/4"	5-1/2"	17#, 20# & 23#	12600'	Tie back to 9-5/8"	Btm 9-5/8"

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

Mud Program: 0 - 500' Native mud and fresh water.
500' - 4200' Native mud and brine.
4200' - 11100' Commercial mud and brine.
11100' - TD Commercial mud and brine with KCL for 3-4% system. Raise viscosity prior to Morrow penetration.

BOP Program attached.

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 Bob Davis Title Asst. Admin. Analyst Date 12-11-79

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT I DATE DEC 13 1979

CONDITIONS OF APPROVAL, IF ANY:

0+5-NMOED,H 1-Hou 1-Susp 1-BD