

30-025-23016

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NEW MEXICO OIL CONSERVATION COMMISSION

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. A-1469
7. Unit Agreement Name
8. Farm or Lease Name State "A"
9. Well No. 4
10. Field and Pool, or Wildcat UNDESIGNATED
12. County Lea
19. Proposed Depth 6100'
19A. Formation Blainebr
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) Not determined
21A. Kind & Status Plug. Bond Blanket
21B. Drilling Contractor Unknown
22. Approx. Date Work will start March 20, 1969

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	2. Name of Operator Amerada Petroleum Corporation	3. Address of Operator P. O. Box 668 - Hobbs, New Mexico	4. Location of Well UNIT LETTER B LOCATED 660 FEET FROM THE North LINE AND 2130 FEET FROM THE East LINE OF SEC. 32 TWP. 18S RGE. 38E NMPM
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23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15	11-3/4	31.2#	360'	350	Circulate
11	8 -5/8	24#	3800'	550	2800'
7-7/8	5-1/2" liner	15.5#	6100'	360	4000' *

APPROVAL VALID
FOR 30 DAYS UNLESS
OTHERS COMMENTED.

EXPIRES **6-20-69**

ALL INFORMATION TO BE PROVIDED
24 HOURS PRIOR TO RUNNING 11/3/4
CASING.

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 **Bo Debb** Title **District Superintendent** Date **March 17, 1969**

(This space for State Use)

APPROVED BY **Joe [Signature]** TITLE **SUPERVISOR DISTRICT #** DATE **11-20-1968**

CONDITIONS OF APPROVAL, IF ANY:

* The into 8 3/4" C.P.A.