DESTRIBUTION ONTA FE  DISTRIBUTION ONTA FE  FIG. 101 CONTA FE  FIG. 102 CONTA FE  FIG. 103 CONTA FE  FIG. 103 CONTA FE  FIG. 104 CONTA FE  FIG. 10
SA. Indicate Type of Leane  STATE  SA. Indicate Type of Leane  STATE  ST
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APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK  7. Unit Agreement Name  DRILL  DEEPEN  PLUG BACK  7. Unit Agreement Name  7. Unit Agreement Name  PLUG BACK  8. Firm of Locate Name  PLUG BACK  8. Firm of Locate Name  Fowler  9. West 150.  Cities Service 011 Company  9. West 150.  Cities Service 011 Company  10. Field and Pool, or Wildest  Hobbs - Blinebry  4. Location of West  Anna 660
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK  To Prove of Work  DRILL DEEPEN PLUG BACK X  DEEPEN
E. Type of Well  DEPEN  DEPEN  PLUG BACK X  Fowler  R. Furn of Lense Name  R. Fowler  R.
E. Type of Well  DEPEN  DEPEN  PLUG BACK X  Fowler  R. Furn of Lense Name  R. Fowler  R.
DEPEN DEEPEN PLUG BACK X A, Fram. or Loane Name    Deepen   Plug Back X   A, Fram. or Loane Name   Single   Multiple   Fowler
E. Type of Well  D. D
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Cities Service 0il Company  3. Address of Control  Box 4906 - Midland, Texas 79701  4. Location of Well  and 660  Located
3. Address of a perdor  Box 4906 - Midland, Texas 79701  4. Location of Well  ONIT LETTER A LOCATED 660 FEET FROM THE North LINE  And 660 FEET FROM THE North LINE  And 660 FEET FROM THE North LINE  13. Proposed Depth 19.A. Formation 23. Abstance of C.T.  PB 5820 San Andres  24. Eleventina (Show whether DF, RT, etc.) 21A. Kind & Status Plug. Bond 21B. Drilling Contractor 22. Approx. Date Work will start
Box 4906 - Midland, Texas 79701  4. Location of Well ONIT LETTER A LOCATED 660 FEET FROM THE North LINE  AND 660 FEET FROM THE North LINE  12. County Lea  13. Proposed Depth 19.A. Formation 20. Rotary of C.T.  PB 5820 San Andres  21. Elevent ma (Shou, whether DF, RT, etc.) 21.A. Kind 6 Status Plug. Bond 21.B. Drilling Contractor  22. Approx. Date Work will start
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ALC 660  FERT FROM THE East LINE OF SEC. 31  TWP. 18S RGE. 38E NMP.  12. County Lea  13. Proposed Depth 19A. Formation 20, Hotary or C.T.  PB 5820 San Andres  21. Elevations (Show whether DF, RT, etc.)  21A. Kind & Status Plug. Bond 21B. Drilling Contractor  22. Approx. Date Work will start
19. Proposed Depth 19A. Formation 25, Rotary or C.T.  PB 5820   San Andres  21. Elevations (Show whether DF, RT, etc.)   21A. Kind & Status Plug. Bond   21B. Drilling Contractor   22. Approx. Date Work will start
19. Proposed Depth 19A. Formation 25, Rotary or C.T.  PB 5820   San Andres  21. Elevations (Show whether DF, RT, etc.)   21A. Kind & Status Plug. Bond   21B. Drilling Contractor   22. Approx. Date Work will start
Lea  19. Proposed Depth 19A. Formation 20, Rotary or C.T.  PB 5820 San Andres  21. Elevations (Show whether DF, RT, etc.) 21A. Kind & Status Plug. Bond 21B. Orilling Contractor 22. Approx. Date Work will start
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21. Elevetions (Shore whether DF, RT, etc.) 21A. Kind & Status Plug. Bond 21B. Drilling Contractor 22. Approx. Date Work will start
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3649 DF Oct. 8,-1973
PROPOSED CASING AND CEMENT PROGRAM
SIZE OF HOLE SIZE OF CASING WEIGHT PER FOOT SETTING DEPTH SACKS OF CEMENT EST. TOP
O.T.D. 6260 Lime. OPBTD 6016. We propose to plug back and workover this well in the follow manner:
<ol> <li>MIRU workover unit and pull rods and tubing.</li> <li>Set a CIBP @ approximately 5850' and dump 3 sacks of cement on top of CIBP @ approximate 5850' - 5820'.</li> </ol>
3. Perforate the San Andres w/2 holes each per foot @ selected 1 ft. intervals from 4181' - 4306' (First set) 4047' - 4151' (Second set) and 3909' - 4020' (Third set) and after eac set of perfs perform the following procedure:
<ul> <li>a. Run tubing w/packer and swab and test natural.</li> <li>b. Treat zone if necessary and if results are poor, set a CIBP and dump l sx of cement</li> </ul>
on top of BP and perforate the next set of perfs.
4. Obtain potential and place on production.
4. Obtain potential and place on production.
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PROTIVE ZONE. GIVE BLOWDLY PREVENTER PROGRAM, IF ANY.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.
Signed Title Region Operation Manager Date October 1, 1973
(This space for State Use)
A STATE OF THE STA
CONDITIONS OF APPROVAL, IF ANY: