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U.S.O.S.
LAND OFFICE
OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-101
Revised 11-65

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
6. Type of Well DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>	8. Name of Lessee
1. Name of Operator Cities Service Oil Company	9. Well No. 9
3. Address of Operator Box 4906 - Midland, Texas 79701	10. Field and Pool, or Wildcat Hobbs - Blinbry
4. Location of Well UNIT LETTER <u>A</u> LOCATED <u>660</u> FEET FROM THE <u>North</u> LINE <u>660</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>31</u> TWP. <u>18S</u> RGE. <u>38E</u> NMPM	12. County Lea
13. Proposed Depth PB 5820'	19A. Formation San Andres
21. Elevation (show whether DB, RT, etc.) 3649 DF	21A. Kind & Status Plug. Bond
21b. Drilling Contractor	22. Approx. Date Work will start 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 following manner:

- MIRU workover unit and pull rods and tubing.
- Set a CIBP @ approximately 5850' and dump 3 sacks of cement on top of CIBP @ approximately 5850' - 5820'.
- 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 each set of perfs perform the following procedure:
 - Run tubing w/packer and swab and test natural.
 - Treat zone if necessary and if results are poor, set a CIBP and dump 1 sx of cement on top of BP and perforate the next set of perfs.
- 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 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 E. J. Hildner Title Region Operation Manager Date October 1, 1973

(This space for State Use)

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: