

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

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Form C-101  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells)

30-025-23334

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☐

DEEPEN ☒

PLUG BACK ☐

b. Type of Well:

OIL WELL ☒

GAS WELL ☐

OTHER ☐

SINGLE ZONE ☒

MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name

State-G-

2. Name of Operator

Amoco Production Company

8. Well No.

6

3. Address of Operator

P.O. Box 3092 Houston, TX 77253

9. Pool name or Wildcat

Hobbs Lower Blinberry

4. Well Location

Unit Letter \_\_\_\_\_ : \_\_\_\_\_ Feet From The \_\_\_\_\_ Line and \_\_\_\_\_ Feet From The \_\_\_\_\_ Line

Section

Township

Range

NMPM

County

10. Proposed Depth

11. Formation

12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)

14. Kind & Status Plug. Bond

15. Drilling Contractor

16. Approx. Date Work will start

17. PROPOSED CASING AND CEMENT PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|--------------|----------------|-----------------|---------------|-----------------|----------|
|              |                |                 |               |                 |          |
|              |                |                 |               |                 |          |
|              |                |                 |               |                 |          |

6. IF WELL DOES NOT FLOW ACIDIZE USING PPI PACKER @ 2' SPACING X 2600 GAL 15% HCL CONTAINING 2 GAL/1000 GAL WA-211 NITROGEN X 2 GAL/1000 GAL WA-212.

7. SWB X RD X MOSU

8. RETURN WELL TO PRODUCTION

(RECOMPLETE WELL FROM HOBBS PADDOCK TO LOWER BLINEBRY)

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.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY RAY SMITH

FIELD REP. II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 007 20 '92

CONDITIONS OF APPROVAL, IF ANY: