HO. OF COPIES RECEIVED					1 19 -	
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION				*	
NTA FE	IAFE				Form C-101 Revised 1-1-65	
FILE					5A. Indicate Type o	1 Lease
U.S.G.S.					STATE X	FEE
OPERATOR					5. State Oil & Gas L 538055	erse No.
						mmm
APPLICATION APPLIC						
I a. Type of work	_				7. Unit Agreement N	ame
b. Type of Well DRILL	9	DEEPEN	PLUGI	BACK		
OIL GAS WELL	7			_	8, Farm or Lease Name	
2. Name of Operator				ZONE	State "DR"	
Amoco Productio	on Company				9. Well No.	
	levelland To	NAC 70226			10. Field and Poct, .	
P. O. Drawer A, Levelland, Texas 7 4. Location of Well UNIT LETTER F LOCATED LOCATED					Undesignate d	Lusk Morro
UNIT LETT	ER LO	CATED 1980 F	1980 FEET FROM THE North LIN			
AND 1980 FEET FROM	THE West	1.0		3 F		./////////////////////////////////////
AND 1980 FEET FROM	THE MOST	VE OF SEC. 10	19-S 3%	2-E		
				(111111)	12. County	
/////////////////////////////////////	/////////////////////////////////////	/////////////////////////////////////	/////////////////////////////////////	<i>111111</i>	Lea	
/////////////////////////////////////	/////////////////////////////////////	/////////////////////////////////////	9. Proposed Depth 1	7777777		
			13000	9A. Formation	1 200	ury or C.T.
21. Elevations (Show whether DF	<i>RT</i> , etc.) 21A. Kind	& Status Plug. Bond 2	13000	Morrow*	Rot	
3621 GR	Bla	inket on File	Marcum Drl Co	١.	22. Approx. Date We 6-6-77	ork will start -
23.					0-0-37	
		ROPOSED CASING AND	CEMENT PROGRAM			
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF	CEMENT F	ST. TOP
17 1/2 12 1/4	13 3/8	48	400		late to Surf	ace
	9 5/8	32.3 - 36	4150	Circu	late to Surf	ace
8 3/4	5 1/2	15.7 - 17	13000		cient to Fil	
			r	¹ Above	: Uppermost Pa	ay.
*Propose to drill	and equip Morr	ow Well at 1300	O Ft Attemnt	completi	on by	,
perforating and	stimulating as	necessary.		comp (et)	on by .	
Mud Program:	0-400 Native	Mud and Water				
4	00-11500 Nativ	e Mud and Brine	e Water			
1150	00-TD Mix Add	itives Adequate	to Maintain Vi	scosity	34-40	
	•		•	•		
BOP Program A	ttached.					
Gas is not con	mmitted.					
						•
ABOVE SPACE DESCRIBE PRO	OPOSED PROGRAM: IF P	ROPOSAL IS TO DEFPEN OR	Bluc Back, company			
ABOVE SPACE DESCRIBE PROVE ZONE. GIVE BLOWOUT PREVENTE	R PROGRAM, IF ANY.			PRESENT PRODU	CTIVE ZONE AND PROP	DSED NEW PRODUC.
nereby certify that the information	n above is true and compl	lete to the best of my kng	wiedge and belief.			
gned Kenneth Be	and	Tilla Senior	Staff Assistant		E 10 77	,
(This space for S		The Self-Of	Staff Assistant	Da	5-10-//	
Ć	Orig. Signed by					
PPROVED BY	erry Sexton	TITLE			MAY 9 A	: 197 <i>7</i>
ONDITIONS OF APPROVAL, IF	Dist:1, Supv.	· 		DA	TETITETE	<i>,</i>
0 & 4 NMOCC,	Hobbs					<u> </u>
l Div						
1 KWR						

17.2737

MONO N MESSAGE

AECIE, VEDO