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LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
L-3556	

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		8. Form or Lease Name	
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"/>		State FU	
2. Name of Operator		9. Well No.	
AMOCO PRODUCTION COMPANY		4	
3. Address of Operator		10. Field and Pool, or Wildcat	
P. O. Box 68, Hobbs, NM 88240		Airstrip Upper Bone Spr.	
4. Location of Well		12. County	
UNIT LETTER <u>G</u> LOCATED <u>1980</u> FEET FROM THE <u>North</u> LINE		Lea	
AND <u>1980</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>25</u> TWP. <u>18-S</u> RGE. <u>34-E</u> NMPM			
19. Proposed Depth		19A. Formation	20. Rotary or C.T.
10,445'		Upper Bone Sprs.	Rotary
21. Elevations (show whether DR, RI, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
3965.3' GR	Blanket-on-file	N/A	As soon as possible

23.

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48#	300'	Circulate	surface
12-1/4"	9-5/8"	40#	4005'	Circulate	surface
8-3/4"	5-1/2"	15.17, 20#	10,800'	tieback to 9-5/8"	TCMT 2465'

Propose to recomplete from the Wolfcamp to the Upper Bone Springs interval 9356'-9385' and acidize per the following:

Move in service unit and POH with tubing. RIH with 5-1/2" CIBP and set at 10,480'. RIH with dump bailer and cap with 35' class H cement. RIH with 3-1/8" hollow carrier casing gun and perf Upper Bone Springs interval 9356'-9385' with 4 JSPF at 90° phasing. RIH with 2-3/8" tubing and treating packer with unloader. Set packer at 9310'. Swab down well. Run base GR/Temp. survey over 9600'-9150'. Acidize interval with 2900 gal 15% NE HCL containing 1 gal/1000 corrosion inhibitor, 1-1/2 gal/1000 Surfactant, and 2 gal/1000 iron agent. Flush to perfs with 38 bbl clean brine. Run after treatment GR/Temp. survey over 9600'-9150'. Swab back load and evaluate.

O+6-NMOCD, H 1-R. E. Ogden, HOU Rm. 21.150 1-F. J. Nash, HOU Rm. 4.206 1-CMH 1-Mesa  
1-Bass 1-Pacific Lighting 1-Superior 1-Southland Royalty

ON 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 BLOW-OUT PREVENTER PROGRAM, IF ANY.

hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Charles M. Terry Title Administrative Analyst Date 1-10-84

(This space for Signature)  
ORIGINAL SIGNED BY EDDIE SEAY  
OIL & GAS INSPECTOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 11 1984

CONDITIONS OF APPROVAL, IF ANY:

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**WELL LOCATION AND ACREAGE DEDICATION AT**

Form C-102  
 Supersedes C-128  
 Effective 1-1-65

All distances must be from the outer boundaries of the Section.

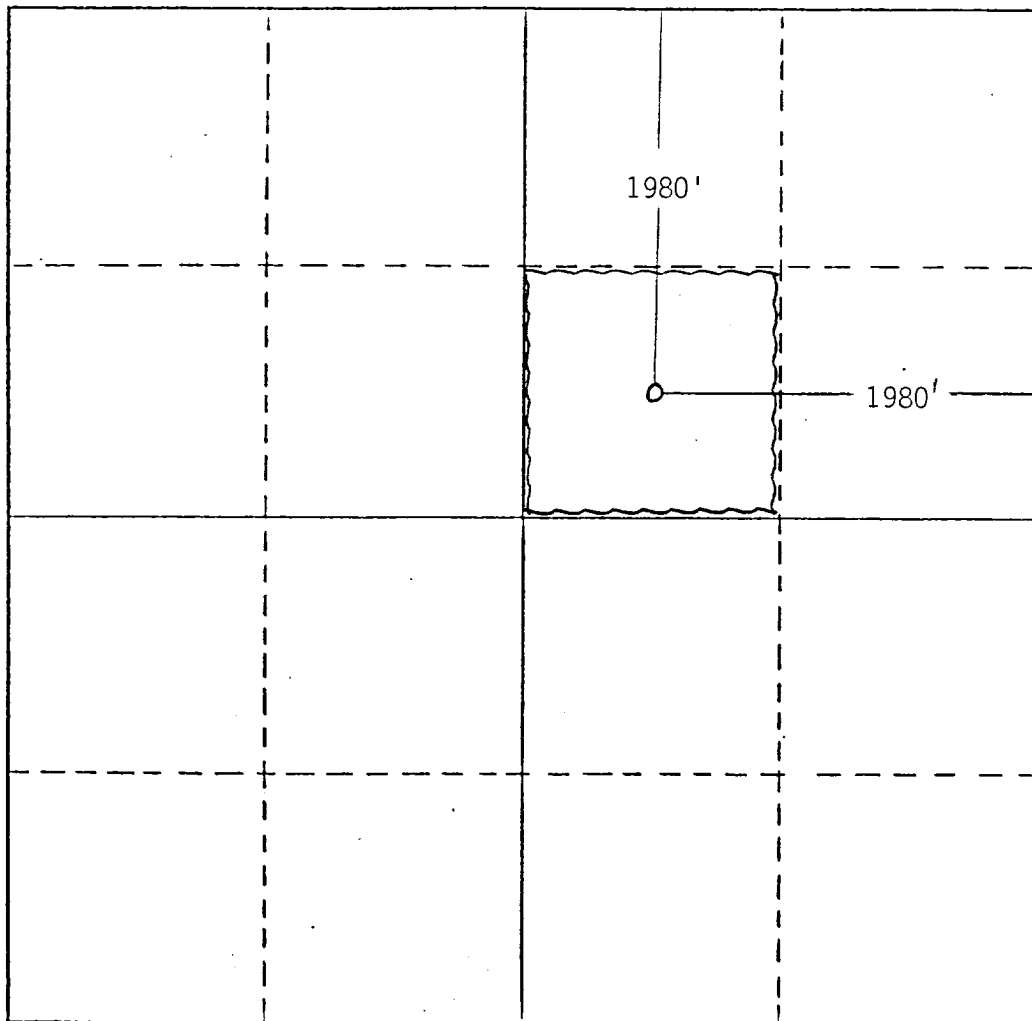
Operator <b>AMOCO PRODUCTION COMPANY</b>			Lease <b>State FU</b>		Well No. <b>4</b>
Unit Letter <b>G</b>	Section <b>25</b>	Township <b>18-South</b>	Range <b>34-East</b>	County <b>Lea</b>	
Actual Footage Location of Well:					
1980 feet from the North line and		1980 feet from the East line			
Ground Level Elev. <b>3965.3</b>	Producing Formation <b>Upper Bone Springs</b>	Pool <b>Airstrip Upper Bone Springs</b>		Dedicated Acreage: <b>40</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes    ☐ No    If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



**CERTIFICATION**

*I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.*

Name: *Paul M. Herring*  
 Position: **Administrative Analyst**

Company: **AMOCO PRODUCTION COMPANY**

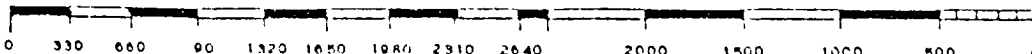
Date: **1-10-84**

*I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.*

Date Surveyed \_\_\_\_\_

Registered Professional Engineer and/or Land Surveyor \_\_\_\_\_

Certificate No. \_\_\_\_\_



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JAN 10 1984

O.C.D.  
HOBBS OFFICE