

31-025-26695

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

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 checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Form or Lease Name	
2. Name of Operator		9. Well No.	
Amoco Production Company		4	
3. Address of Operator		10. Field and Pool	
P. O. Box 68 Hobbs, NM 88240		Airstrip Wolfcamp	
4. Location of Well		12. County	
UNIT LETTER <u>B</u> LOCATED <u>1980</u> FEET FROM THE <u>North</u> LINE 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		Lea	
19. Proposed Depth		19A. Formation	20. Rotary or C.T.
10800'		Wolfcamp	Rotary
21. Elevations (Show whether DT, IC, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
3965.3 GR	Blanked-on-file	NA	3-1-80

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'	Circ	Surf
12 1/4"	9 5/8"	40#	4000'	Circ	Surf
8 3/4"	*5 1/2" or 7"	17#, 20#, 23# or 20#, 23#, 26#	10800'	Tieback to 9 5/8"	BTM 9 5/8"

*7" casing will be run to TD if evaluation of logs indicates dual Bone Springs-Wolfcamp commercial potential exists, otherwise 5 1/2" will be run to lowest potentially productive zone.

Propose to drill and equip well in the Wolfcamp zone. After reaching TD logs will be run and evaluated; perforate and/or stimulate as necessary in attempting commercial production.

Mud program: 0-300' Native mud and fresh water
300'-4000' Native mud and brine water
4000'-TD Commercial mud and brine with minimum properties for safe hole conditions.

BOP program attached.

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 B.D. Davis Title Assist. Admin. Analyst Date 2-13-80

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE FEB 19 1980

CONDITIONS OF APPROVAL, IF ANY:

044-NMOCD-H 1-Hou 1-Susp 1-BD 1-Mesa