

30-025-28299

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

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	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		8. Farm or Lease Name	
c. 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"/>		W.D. GRIMES (NCT-B)	
2. Name of Operator		9. Well No.	
GULF OIL CORPORATION		9	
3. Address of Operator		10. Field and Pool, or Wildcat	
P.O. Box 670, HOBBS, NM 88240		HOBBS DEINKARD	
4. Location of Well		12. County	
UNIT LETTER <u>A</u> LOCATED <u>510</u> FEET FROM THE <u>NORTH</u> LINE		LEA	
AND <u>660</u> FEET FROM THE <u>EAST</u> LINE OF SEC. <u>33</u> TWP. <u>18S</u> RGE. <u>38E</u> NMPM			
19. Proposed Depth		19A. Formation	20. Rotary or C.T.
7100		DEINKARD	ROTARY
21. Elevations (Show whether DE, RT, etc.)		22. Approx. Date Work will start	
3637.6 GL		AUGUST 9, 1983	
21A. Kind & Status Plug-Bond		21B. Drilling Contractor	
BLANKET		UNKNOWN	

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#	400'	300 SKS	SURFACE
12 1/4	8 5/8	28 1/2 24#	4200'	1000 SKS	SURFACE
7 1/8	5 1/2	15.50#	7100'	500 SKS	3200' FS

MUD PROGRAM

0-400 FW SPUD MUD 8.6-8.9 ppg NC WL 32-36 VLS
 400-4200 SAT BRINE 9.8-10.0 ppg NC WL
 4200-7100 CUT BRINE 8.9-9.3 ppg NCWL - 2000 @ TD

BOP DRAWING #2

APPROVAL VALID FOR 180 DAYS
 PERMIT EXPIRES 2/5/84
 UNLESS DRILLING UNDERWAY

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 R.C. Anderson Title AREA PRODUCTION MANAGER Date 8-2-83

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE DATE AUG 5 1983

CONDITIONS OF APPROVAL, IF ANY: