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NO. OF COPIES RECEIVED						
DISTRIBUTION	NEW MEXICO OIL CONS		Form C-101			
SANTA FE			-	Revised 1-1-65	<u></u>	
FILE				5A. Indicate Ty		
U.S.G.S.				STATE X	FEE	
LAND OFFICE			·	5. State Oil & G	as Lease No.	
OPERATOR				-		
APPLICATION	OR PERMIT TO DRILL, DEEPEN	, OR PLUG BACK				
1a. Type of Work				7. Unit Agreeme	nt Name	
	DEEPEN X	PLI	ід васк 🗍	Abo SWD		
b. Type of Well				8. Farm or Leas	e Name	
OIL GAS GAS WELL	OTHER Salt water disp		ZONE	Abo SWD		
2. Name of Operator				9. Well No.		
Rice Engineering	Operating. Inc.			2		
3. Address of Operator					10. Field and Pool, or Wildcart	
P. 0. Box 1142, Hobbs, New Mexico 88240					n Abo	
4 Y 4 Y 6 147 13	CLOCATED2310		ST. LINE			
AND 990 FEET FROM THE	north Line of sec. 2	TWP. 175 RGE.	362 NMPM			
				12. County		
				Lea		
///////////////////////////////////////		19. Proposed Depth	19A. Formation		. Rotary or C.T. EVERSE	
		9150	Abo		•••••	
21. Elevations (Show whether DF, R)	etc.) 21A. Kind & Status Plug. Bond	21B. Drilling Contractor		22. Approx. D	ate work will start	
3842' G.L.	Blanket	-		4-10-74		
23.	PROPOSED CASING A					

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

- MI DD Pulling Unit and Reverse Unit.
  Drill out 5<sup>1</sup>/<sub>2</sub>" CI retainer @ 8470' and deepen from present T.D. of 8534' to approximately 9150' T.D. in the Abo Formation w/4-3/4" hole.
  Acidize open hole section from 8530' to 9150' and take gravity
- injection test.
- 4. Run  $3\frac{1}{2}$ " OD plastic lined tubing.

This is an abandoned oil well with  $5\frac{1}{2}$ " OD casing set NOTE: @ 8530'.

IN ABOVE SPACE DESCRIB TIVE ZONE. GIVE BLOWPUT PRE	) E PROPOSED PROGRAM: Venter program, 1f Any.	IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PR	RESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODU
I hereby certify that the info	mation above is true and o	complete to the best of my knowledge and belief.	
Signed H Road	willians	Tule_Division_Manager	Date April 4, 1974
(This space	e for State Use)		
(	Jee C. G. awy	TITLE	
APPROVED BY	L. IF ANY:	· · · · · · · · · · · · · · · · ·	DATE