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LAND OFFICE	
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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.	
E-8581	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name	
2. Name of Operator		9. Well No.	
3. Address of Operator		10. Field and Pool, or Wildcat	
4. Location of Well		12. County	
UNIT LETTER H LOCATED 1980 FEET FROM THE North LINE		Lea	
AND 660 FEET FROM THE East LINE OF SEC. 13 TWP. 17-S RGE. 36-E NMPM			
21. Elevations (Show whether DF, RT, etc.)		19. Proposed Depth	19A. Formation
3822 DF		6550	San Andres
21A. Kind & Status Plug. Bond	21B. Drilling Contractor	20. Rotary or C.T.	
Approved	-	-	
22. Approx. Date Work will start		-	

23.

Existing ~~PROPOSED~~ CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/4	13-3/8	48	362	300 sxs	
12-1/4	8-5/8	24 & 32	4400	775 sxs	
7-7/8	4-1/2	10.5 & 11.6	9433	1279 sxs	TOC @ 2620' survey

1. Move in and rig up workover rig.
2. Pull pump and tubing.
3. Squeeze Abo perfs (8903-8926) w/75 sxs Incore w/1# per sx Gilsonite to 4000 psig.
4. WOC 8 hrs and pressure test to 1500 psig.
5. Perforate 1 - 1/2" hole @ 6479', 6488', 6497', 6509' (San Andres).
6. Acidize w/1000 gal non-emulsion acid.
7. Swab and test.
8. If necessary, frac down casing w/20,000 gal. refined oil and 30,000# sand.
9. Recover load.
10. Test well and complete as required.

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 John Hastings Title District Engineer Date 4-8-68

(This space for State Use)

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: