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LAND OFFICE	
OPERATOR	

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 OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Bryan	
2. Name of Operator AMOCO PRODUCTION COMPANY		9. Well No. 1	
3. Address of Operator P. O. Box 68, Hobbs, NM 88240		10. Field and Pool, or Wildcat Wildcat Wolfcamp	
4. Location of Well UNIT LETTER <u>B</u> LOCATED <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>13</u> TWP. <u>19-S</u> RGE. <u>35-E</u> NMPM		11. DESIGNATED	
12. County Lea		19. Proposed Depth 11,450'	
13. Elevations (Show whether DT, HT, etc.) 3733.1' GL		15A. Formation Wolfcamp	
21A. Kind & Status Plug. Bond Blanket-on-file		20. Rotary or C.T. Rotary	
21B. Drilling Contractor N/A		22. Approx. Date Work will start Mid. February	

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'	Circulate to surface	
11" or 12-1/4"	8-5/8"	32#	4150'	Tieback to 13-3/8"	400'
7-7/8"	5-1/2"	15.5#, 17#	11450'	Tieback 500' above top of Elkan Zone	8600'

Propose to drill and equip well in the Bone Springs or the Wolfcamp formation. After reaching TD logs will be run and evaluated. Perforate and or stimulate as necessary in attempting commercial production.

Mud Program: 0 - 400' Fresh water and native muds.
400 - 4150' Brine
4150 - TD Cut brine or fresh water.

BOP Diagram is attached.

O+5-NMOCD,H 1-R. E. Ogden, HOU Rm. 21.150 1-F. J. Nash, HOU Rm. 4.206 1-CMH

1. 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 SLOTTED PREVENTER PROGRAM, IF ANY.

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

Signed Charles M. Lanning Title Administrative Analyst Date 2-3-84

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT SUPERVISOR

APPROVED BY DISTRICT SUPERVISOR TITLE DATE FEB 6 1984

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL VALID FOR 180 DAYS
EXPIRY DATE 8/6/84
UNLESS DRILLING UNDERWAY

RECEIVED

FEB 8 1984

**O.C.D.
HOBBS OFFICE**

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

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

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

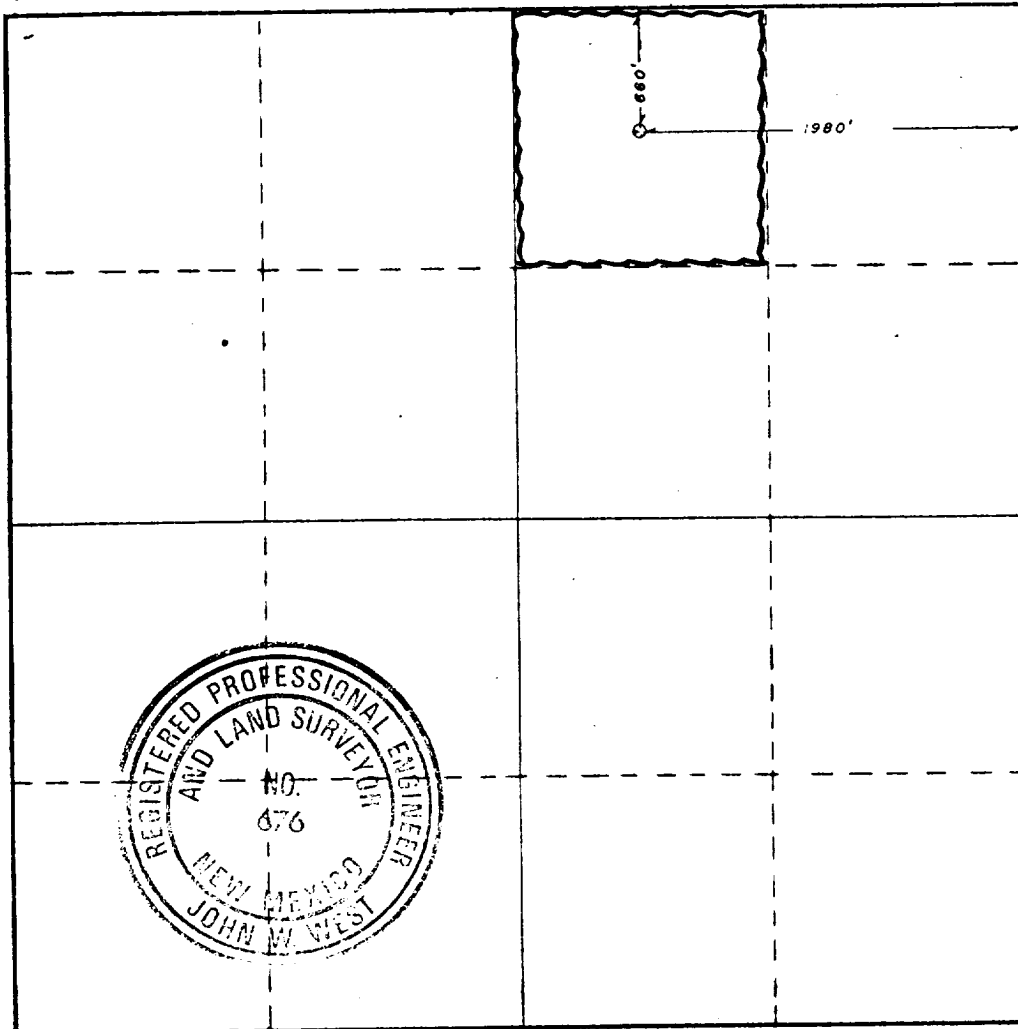
Operator AMOCO PRODUCTION CO.		Lease BRYAN		Well No. 1	
Unit Letter B	Section 13	Township 19S	Range 35E	County LEA	
Actual Footage Location of Well: 660 feet from the NORTH line and 1980 feet from the EAST line					
Ground Level Elev. 3733.1	Producing Formation Wolfcamp	Pool Wildcat Wolfcamp		Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure 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 *Charles M. Luning*
Position
Administrative Analyst

Company
AMOCO PRODUCTION COMPANY

Date
February 3, 1984

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
2/2/84

Registered Professional Engineer and/or Land Surveyor

John W. West
Certificate No. JOHN W. WEST, 676
RONALD J. EIDSON, 3239

0 330 660 990 1320 1650 1980 2310 2640 2970 3300 3630 3960 4290 4620 4950 5280 5610 5940 6270 6600

1. BOP's to be fluid operated. BOP's and all fittings must be in good condition and rated at 3000 psi w.p. minimum.
2. Equipment through which bit must pass shall be at least as large as casing size being drilled through.
3. Upper kelly cock is required and shall be 3000 psi w.p. minimum. Lower kelly cock is (required)(not required).
4. Hydril or comparable safety valve shall be available on rig floor with connection or subs to fit any tool joint in the string. Valve to be full bore 5000 psi w.p. minimum.
5. Hydril or equivalent drill pipe back pressure valve is (required)(not required).
6. All equipment upstream of chokes, including kill line equipment shall be flanged or clamped and of a test pressure no less than that of the blowout preventer. All valves upstream of choke shall be (3") (4") gate valves Cameron Type "F" or equivalent. All equipment downstream of chokes may be flanged or screw end gate or plug. Line from spool to manifold cross to be a minimum of 3", straight and short as possible with minimum bends. Other lines may be 2", 3" or 4". Choke manifold, beyond second valve from cross, must be positioned outside of substructure. Manifold, header and all lines must be adequately supported and properly anchored. Two inch (2") lines and valves are permitted on the kill line. All valves designated for H₂S service are (required) (not required).
7. Blowout preventer closing unit equipment to include accumulator capable of closing, opening and closing the bag and pipe rams with a minimum remaining pressure of 1200 psi. After closure, the remaining fluid volume will be at least 50 percent of original volume. Two independent sources of pump power are required on each closing unit installation and shall meet all IADC specifications. Operating time for closing unit shall not be greater than one minute with charging pump shut down. Time test must be witnessed by Amoco representative while nipping up and test results reported on IADC report. Failure to meet these conditions will necessitate corrective action by contractor and retesting all at contractor's expense.
8. The accumulator must be located at least 50 feet from the well. Blowout preventer controls must be properly labeled and located as close to drillers position as feasible. Floor control valves are (required)(not required).
9. Fluid lines from accumulator to BOP's and all remote control fluid lines shall be steel, and rated at or above maximum accumulator pressure. Lines shall be routed in bundles and adequately protected from damage.
10. Use rams in following positions:

	<u>Drilling</u>	<u>Running Casing</u>
Upper ram	Drill pipe	Casing
Lower Ram	Blind	Blind

*Amoco District Superintendent may reverse location of rams.
11. Extensions and hand wheels to be installed and braced at all times.

