

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
N. M. OIL & GAS COMMISSION
P. O. BOX 1030
HOBBS, NEW MEXICO

88240 DESIGNATION AND SERIAL NO.

LC 065658

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☐ Re-EntryDEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☐OTHER ☐SINGLE ☐MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Anadarko Production Company (Henry Black Drilling Co.)

3. ADDRESS OF OPERATOR

P.O. Box 806 Eunice, New Mexico 88231

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface

2310' FNL & 990' FWL Sec 14, T 20S, R 33E

At proposed prod. zone

Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

35 miles west of Hobbs, New Mexico

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST

PROPERTY OR LEASE LINE, FT.

(Also to nearest drlg. unit line, if any)

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

16. NO. OF ACRES IN LEASE

19. PROPOSED DEPTH

17. NO. OF ACRES ASSIGNED
TO THIS WELL

20. ROTARY OR CABLE TOOLS

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

22. APPROX. DATE WORK WILL START*

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
7-7/8"	7"	20#	3370'	450 sx

Lease purchased by Anadarko Production Company in 1969.

This well was P&A by Henry Black Drilling Company in 1958. Records show 20 sx cement plug set @TD 3370'. 15 sx cement plug @surface w/gelled mud between plugs. We feel it necessary to re-enter this well. When drilling of both plugs has been accomplished, will contact you for instructions to plug properly.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

TITLE

Area Supervisor

DATE

October 8, 1981

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

