NO. OF COPIES RECFIVED  DISTRIBUTION  SANTA FE	NEW MEXICO OIL COMERVATION COMMISSION 10 mm C-10									
FILE									SA. Indicate Type of Lease	
U.S.G.S.								STATE X FEE		
OPERATOR	AMENDED .							B-16!		
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK									7. Unit Agreement Name	
Ia. Type of Work								7. Unit Agre	eement Name	
b. Type of Well DRILL X		DEEPEN PLUG BACK			ACK []	9. Farm or Lease Name				
OIL GAS WELL X	WELL WELL X 0 HER			SINGLE X MOLTIPLE ZONE			ZONE	State "J" Gas Comm.		
2. Name of Operator Amerada Hess Corpor	ation	Attonti	on Dril	lina Se	rvices			3. Well No.		
3. Address of Operator	ation,	ALLEHLI						4	nd Pool, or Wildcat	
P. O. Box 2040, Tulsa, Oklahoma 74102								Eumont/Eumont		
4. Location of Well					LINE					
				2	205		36E NMPM			
AND 1980 FEET FROM	THE Sout	777777	COFFEC.	77777	11111111111111111111111111111111111111	777777	TTTTT	12, County	, , , <u>, , , , , , , , , , , , , , , , </u>	
								Lea		
	4444	11111	11111	1111		11111				
	711111				19. Projesed De		A. Formatica		20. Rotory or C.T.	
					3700'	15	Eumont		Rotary	
21. Elevations (Show whether DF,	evations (Show whether DF, RT, etc.) 21A. 74		rt & Status Flug, Hond		21B. Brilling Contractor			22. Approx	Date Work will start	
Gr. 3588'	Blan		ket		Cactus Drillir		g Co.	January 12, 1976		
23.		F	ROPOSED	CASING AN	ID CEMENT PRO	GRAM				
SIZE OF HOLE	SIZE OF HOLE   SIZE OF CASING   WEIGHT PER FOOT   SETTING DEPTH   SACKS O							CEMENT	EST. TOP	
12 1/4"	8 5/8'' OD		24#		4001		300		Surface	
7 7/8"	4 1/2" OD		9.5#		3700'		1200		Surface	
Plan to drill a 12 WOC for approx. 18 or a sufficient de run, set and cemen	hrs, dr pth to t t 4 1/2"	est the control of the	7/8" h Eumont	nole ou gas ze	t under 8 ! one, log we	5/8" cs ell and	g to a     if ind	roposed icate pr	oductive,	
BLOWOUT EQUIPMENT 10" Cameron, separator and All BOP equip Amerada Hess	Type "F" degasse ment wil well sit	, Ser. er compl l be ch	lete wit necked n ling sup	th auro regular perviso	matic chok by by a Ca r.	e. ctus Dr	·illing	Co. dril	ler and	
IN ABOVE SPACE DESCRIBE PR TIVE ZONE. GIVE BLOWOUT PREVENTS I hereby certify that the information	ER PROGRAM,	ue and com	plete to the	best of my	knowledge and b	elief.				
Signed 6. XI	4-		Title_St	upervis	or Tech/Dr	lg Adm.	. Servic	es Ja	anuary 16, 1976	
(This space for	tate Use)						<del></del>			
APPROVED BY			_ TITLE				(	DATE	_	

CONDITIONS OF APPROVAL, IF ANY:

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