DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION	Form C-101 Revised 1-1-65
NTAFE		SA, Indicate Type of Learn
. F.		STATE FEE XX
.G.S.		5. State Off 5 Gas Louse No.
ND OFFICE		and the second
ERATOR		
_	FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK	
	FOR PERMIT TO DITCE, DEC. 2.,	7. Chat Agreement Lune
Type of Work	DEEPEN PLUG BACK [2]	8. Farm or Lease Hame
Type of Well		
OIL XX CAS	SINGLE MULTIPLE 7.0HE 7.0HE	J Byers A
After The After		31
Amoco Production	Company	10. Field and Pool, or Wildout
ddress of Operator		Und. Blinebry
P. O. Box 68	Hobbs, NM 88240	EINE THE
ocation of Well UNIT LETTE	R LOCATED	
705	West LINE OF SEC3 TWP. 19-S RGE. 38-E M	MEN THE THE WAR WAS A STATE OF THE STATE OF
735 FEET FROM		17. County
		44444444444444444444444444444444444444
<i>H:H:H:H:H:H:H:H:H:H:H:H:H:H:H:H:H:H:H:</i>		
	19A. 15	amotion 20. not my or C.F.
<i>}}}}}†}</i>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	linebry
	avi Calliar Contractor	22. Approx. Date Work will stort
illovations (Show whether Di	(KI, erc.) 21A. Kind & Status Plug. Bond 21B. Drilling Contractor	4-28-80
3627,3 RDB		
	PROPOSED CASING AND CEMENT PROGRAM	
	SIZE OF CASING WEIGHT PER FOOT SETTING DEPTH SAC	CKS OF CEMENT EST. TOP
SIZE OF HOLE	Existing casing will not be altered	
	LAISCHING CO.	
	1 , , , , , , , , , , , , , , , , , , ,	
	the following procedure	· ·
Propose to recom	plete to the Blinebry per the following procedure	
	=0.401 401 E0E01 64	/ hynx = /4 widi
Pull tubing and	packer. Perforate 5738'-44', 5843'-48', 5839 -67 bing, bridge plug, packer, and tailpipe. Set brid of Set packer at approx. 5350'. Tailpipe at 569	dge plug at 6050' and
2 19DF Run T.U.	old bridge plug; passer, resolution at 560	SA' ACIAIZE WIVI
cap with 10' sar	nd. Set packer at approx. 5350. Talipipe at 300 CL acid. Flush with fresh water. Swab back load	and begin testing.
6000 gal. 15% H	L actu. Trasic mess.	
		THE PROPERTY OF U
	PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRI NTI 4 PROGRAM, IF ANY.	ESENT PRODUCTIVE ZONE AND PROPOSED NEW P
AROVE SPACE DESCRIBE	NTIS PROGRAM, IF ANY.	
hereby certify that the inform	ation a loge is true and complete to the best of my knowledge and bellef.	4-23-80
RA	Javis Title Admin. Analyst	
Signed		TI 400.2819
(This space	(or State Use)	TI APPAR
<i>[]</i>	SUPERVISOR DISTRIC	DATE
APPROVED BY	MIXIMAN TITLE	
CHOITIONS OF APPROVAL	, IF ANY:	
O+4-MMOCD, H	1-Hou 1-Susp 1-BD	