DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION Form C-101 Revised 1-1-65							
FILE .			[5A. Indicate Type	of Lease			
U.S.G.S.				STATE X	FEE			
LAND OFFICE				.S. State Oli & Gus	Leuse No.			
OPERATOR				mmm	mmm			
APPLICATIO	Y FOR PERMIT TO DRILL, D	EEPEN, OR PLUG BA	СК					
1a. Type of Work	· · · · · · · · · · · · · · · · · · ·			7. Unit Agreement	Name			
b. Type of Well DRILL	DEEPEN [PLUG BACK X	8. Farm or Lease i	Name			
OIL GAS X OTHER SINGLE MULTIPLE ZONE ZONE					State LL			
2. Name at Operator				9. Well No.				
Amoco Produc	tion Company			10.51	N 1000			
P. O. Box 68		10. Field and Pool, or Wildcat						
	South LINE	Und Strawn						
DATI EZITE	R K LOCATED 1	JOU FEEL FROM THE	JOUR LINE					
AND 1980 FEET FROM	THE WEST LINE OF SEC.	12 TWP. 20-5 P.						
				12. County	Millill			
				militari				
		19. Proposed Dept 12770	th 19A. Formation	1	lotery of C.T.			
il. Lievations (Show whether is).	RT. etc.) 121A, Kind & Status Ph	ng. Bond 21E. Drilling Cont		22. Approx. Date	Work will start			
3654.0 GL	Blanket on Fi			ZZ. Hpproz. Bute	Hora Will Stuff			
23.	PROPOSED C	ASING AND CEMENT PROG	RAM					
SIZE OF HOLE	SIZE OF CASING WEIGHT F	PER FOOT SETTING D	EPTH SACKS OF	CEMENT	EST. TOP			
20]6 6			rc.	Surf.			
14		45.5,51 4300		cto 16	400			
9-1/2 6-1/2	7-5/8 33. 4-1/2 liner		105	10-3/4	4300			
0-1/2	4-1/2 Tiller	15.1 '10500-130)0 0	7-5/8	11000			
Propose to abandon the Morrow interval 12820-28' and test the Strawn 11980'-12030' per the following: Pull tubing, packer, and tailpipe. Run in hole with CIBP set at 12770' and cap with 35' of cement. Perforate Strawn interval 11980'-12030' with 2JSPF. Run in hole with 2-7/8" tubing, packer, and on/off tool. Set packer at 10700' tailpipe landed at 11870'. Swab test well. If well will not flow acidize with 7000 gallons 7-1/2% MS acid. Flush with 70 barrels 2 % KCL water. Swab test.								
	1-Stafford 1-Houston	TO DEEPEN OR PLUG BACK, GIVE	. DATA ON PRESENT PRO	DUCTIVE FUNE AND P	ROPOSEO NEW PRODUC			
	a above is true and complete to the b	est of my knowledge and heli	ef.					
Figned Mark IN	·	Asst. Admin. Anal)ate5-13-	82			
(This space for S Orig. Sign Les Cler	tate Use)							

		All distances must h	e from the ou	ter boundaries of	the Section.	· · · · · · · · · · · · · · · · · · ·			
Operator Amoco	Production (Company	Lease	State LL			Well No.		
Unit Letter	Section	Township	Ran		County				
K Actual Footage Loc	12	20-S		35-E	<u> </u>	_ea			
1980	feet from the	South line or	nd 1980) fee	t from the	West	line		
Ground Level Elev. 3654.0	Producing For	rmation	Pool	l. Strawn			Dedicated Acreage: 320 Acres		
1. Outline th	e acreage dedica	ited to the subject	well by so	lored pencil o	r hachure	marks on th			
 Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 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 a	nswer is "yes;" type	e of consol	idation					
this form i	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.									
	i I			i i			CERTIFICATION		
				[]] [tained he	certify that the information con- rein is true and complete to the y knowledge and belief.		
	 	+				Name	M Freeman		
	1			<u> </u>		Position A	sst. Admin. Analyst		
	1			1		· · · · · · · · · · · · · · · · · · ·	Production Company		
	į		•			Date	5-13-82		
198	00'			 		shown on notes of under my is true o	certify that the well location this plat was plotted from field actual surveys made by me or supervision, and that the same and correct to the best of my e and belief.		
K	1 - 6			i !	8	Date Survey	ed		
	1980			!	}	Destar - 2	Orofugutonal Postumor		
						Registered I and/or Land	⊖rofes≋tonal Engineer I Surveyor		
					 	Certificate b	No.		
0 330 660	PO 1320 1650 198	0 2910 2640 20	00 1500	1000 80	00 0				