

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

AMENDED REPORT CASING PROGRAM CHANGED

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 DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		8. Farm or Lease Name	
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		McKinley	
2. Name of Operator		9. Well No.	
Amoco Production Company		20	
3. Address of Operator		10. Field and Pool, or Wildcat	
P. O. Box 68, Hobbs, NM 88240		Bowers Seven Rivers	
4. Location of Well		12. County	
UNIT LETTER <u>F</u> LOCATED <u>1785</u> FEET FROM THE <u>North</u> LINE		Lea	
AND <u>1810</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>5</u> TWP. <u>T-19-S</u> RGE. <u>R-38-E</u> NMPM			
19. Proposed Depth		19A. Formation	
3400		Seven Rivers	
20. Rotary or C.T.		Rotary	
21. Elevations (Show whether DF, RT, etc.)		22. Approx. Date Work will start	
3621.1		11-30-81	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	9-5/8	32.3#	400	Circ.	Surf.
8-1/2	7	23. #	3400	Tie back to 9-5/8	400'

Propose to drill and equip well in the Bower Seven Rivers zone. After reaching TD, logs will be run and evaluated; perforate and or stimulate as necessary in attempting commercial production.

MUD PROGRAM: 0-400 Native mud and fresh water
400-3400 Commercial mud and brine water with minimum properties for safe hole conditions.

BOP Program Attached

0+6-NMOCD, H 1-Hou 1-Susp 1-W. Stafford, Hou 1-MDR

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. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed Mark Randolph Title Assist. Admin. Analyst Date 11-25-81

(This space for State Use)

APPROVED BY Orig. Signed By TITLE DATE

CONDITIONS OF APPROVAL: IF ANY

NOV 28 1981