Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-31420

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [X] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [ ] GAS WELL [ ] OTHER Injector SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name
South Hobbs (GSA) Unit

2. Name of Operator
Amoco Production Company

8. Well No.
229

3. Address of Operator
P. O. Box 3092, Houston, TX 77253

9. Pool name or Wildcat
Hobbs Grayburg S. Andres

4. Well Location
Unit Letter C : 1088 Feet From The North Line and 1977 Feet From The West Line

Section 4 Township 19-S Range 38-E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
4350'	San Andres	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3618.9' GR			11/6/91

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	32# K-55	1600'	1100 sx	Surface
7-7/8"	5-1/2"	15.5# K-55	4350'	1300 sx	Surface

Propose to drill & equip well in San Andres formation. After reaching TD, logs will be run and evaluated. Perforate and/or stimulate as necessary in attempting reservoir injection.

* Add mud materials as necessary in attempting reservoir injection.

Mud Program:
0 - 1600' Native/Spud
1600' - 3800' Saturated/Brine
3800' - TD* Salt Gel/Starch

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.

SIGNATURE Kim A. Colvin TITLE Asst. Admin. Analyst DATE 10/15/91

TYPE OR PRINT NAME Kim. A. Colvin TELEPHONE NO. 713/ 596-7686

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE NOV 13 1991

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval Date Unless Drilling Underway.