

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

API NO. (assigned by OCD on New Wells)

31-2-25-31424

5. Indicate Type of Lease

STATE ☒

FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER ☐

Injector

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

South Hobbs (GSA) Unit

2. Name of Operator

Amoco Production Company

8. Well No.

238

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 O : 660 Feet From The South Line and 2610 Feet From The East Line

Section 4

Township 19-S

Range 38-E

NMPM

Lea

County

10. Proposed Depth

4350'

11. Formation

San Andres

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3606.0' GR

14. Kind & Status Plug. Bond

15. Drilling Contractor

16. Approx. Date Work will start

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'

1600' - 3800'

3800' - TD*

Native/Spud

Saturated/Brine

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 _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

782-3013