

30-025-25937

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

b. TYPE OF WELL
 OIL WELL GAS WELL OTHER
 SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR
 Amoco Production Company

3. ADDRESS OF OPERATOR
 P. O. Box 3092, Houston, TX 77253

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
 At surface
 1930 FNL X 760' FEL (Unit H, Sec. 21)
 At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
 4 miles South of Monument, NM

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)

16. NO. OF ACRES IN LEASE
 800

17. NO. OF ACRES ASSIGNED TO THIS WELL
 80

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH
 6700'

20. ROTARY OR CABLE TOOLS
 Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
 3513.5 GR

22. APPROX. DATE WORK WILL START*

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	8-5/8"	24#	1200'	Circ to Surface
7-7/8"	5-1/2"	14#	6700'	Circ to Surface

MI X RUSU. POH X R X P X tbg.
 Set CIBP 3585' X cap X 35' cmt.
 Perf 2910-2930, 2940-2990, 3080-3096, 3260-3272, 3296-3304, 3320-3330, 3380-3428 using casing gun w/ 2 jspf at 90 or 120 degree phasing using depth control log.
 Swab for test.
 If well swabs dry, acid using PPI with 4' spacing and 5 bbls 15% HCL/4' spacing.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED W. J. White TITLE Asst. Admin. Analyst DATE 12/19/91

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE 1-23-92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side