

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

NEW MEXICO OIL CONSERVATION COMMISSION

30-125-26559

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input 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 OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name State GC	
2. Name of Operator Amoco Production Company		9. Well No. 1	
3. Address of Operator P. O. Box 68, Hobbs, NM 88240		10. Field and Pool, or Wildcat Wildcat Morrow	
4. Location of Well UNIT LETTER 0 LOCATED 1980 FEET FROM THE East LINE AND 660 FEET FROM THE South LINE OF SEC. 7 TWP. 22-S RGE. 35-E NMPM		12. County Lea	
19. Proposed Depth 13500'		19A. Formation Morrow	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RL, etc.) 3603.0 GL	
21A. Kind & Status Plug. Bond Blanket-on-File		21B. Drilling Contractor NA	
22. Approx. Date Work will start 11-19-79			

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
20"	16"	6.5#	400'	Circ.	Surf.
14-3/4"	10-3/4"	45.5#	5700'	Circ.	Surf.
9-1/2"	7-5/8"	26.4#	11300'	Tie back to 10-3/4" Btm 10-3/4"	
6-1/2"	4-1/2"	9.5#	11000'-13500'	Tie back to 7-5/8" Btm 7-5/8"	

Propose to drill and equip well in the Morrow formation. 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'-5700' Native Mud and Fresh Water
5700'-11300' Commercial mud and brine with minimum properties for safe hole conditions.
11300'-TD Commercial mud and brine. Reduce to 6 cc for Morrow penetration.

BOP Program Attached
Gas is not dedicated

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 Bob Davis Title Assistant Admin. Analyst Date 11-14-79

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE NOV 20 1979

CONDITIONS OF APPROVAL, IF ANY:

0+5 NMOCD-H, 1-Hou, 1-Susp, 1-BD