

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

Triple Complete

a. TYPE OF WORK
DRILL ☐ DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐GAS
WELL ☐OTHER ☐SINGLE
ZONE ☐MULTIPLE
ZONE ☐2. NAME OF OPERATOR
Sanray Oil Company3. ADDRESS OF OPERATOR
P.O. Box 123, Hobbs, New Mexico4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
At surface 660' FNL & 660' FNL

At proposed prod. zone

14. DISTANCE FROM PROPOSED WELL TO NEAREST TOWN OR POST OFFICE*
2 1/2 miles N.W. from Hobbs, New Mexico15. DISTANCE FROM PROPOSED*
LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)
66016. NO. OF ACRES IN LEASE
4017. NO. OF ACRES ASSIGNED
TO THIS WELL
4018. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.
Present DEPT 6691

20. ROTARY OR CABLE TOOLS

21. ELEVATION (Show whether DF, RT, GR, etc.)
3515 DF22. DATE WORK WILL START*
1-15-65

23. PROPOSED CASING AND CEMENTING PROGRAM

17. SIZE OF HOLE	18. SIZE OF CASING	19. WEIGHT PER FOOT	20. CEMENTING DEPTH	21. QUANTITY OF CEMENT
12 1/4"	13 5/8"	35 & 10#	258'	300
8 5/8"	9 5/8"	36 & 10#	2846'	1000
	7"	23 & 26#	6548'	500

Triple complete as follows: (in Drinkard, Tubb, & Blinbry)

1. Set cast iron bridge plug @ approx 6500', load hole w/wtr, and run Gamma Ray-Neutron log.
2. Perf 1 ft interval - base of Tubb porosity for block squeeze.
3. Block squeeze w/100 sx Incor Pos 2% gel to 6000 psig.
4. Perf 1 ft interval - top of Tubb porosity for block squeeze.
5. Block squeeze w/100 sx Incor Pos 2% gel to 6000 psig.
6. Perf 1 ft interval at base of Blinbry porosity for block squeeze.
7. Block squeeze w/100 sx Incor Pos 2% gel to 6000 psig.
8. Perf 1 ft interval - top of Blinbry porosity for block squeeze.
9. Block squeeze w/100 sx Incor Pos 2% gel to 6000 psig.
10. Run tbh and bit and drlg out all block squeeze intervals.
11. Perf selected Tubb production interval.
12. Run tbh and swab test Tubb.
13. Stimulate Tubb w/1000 gal acid. Further stimulation will be determined after evaluation of swab test data.

(Over)

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 B.F. Brawley District Engineer DATE 1-18-65

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

Approved by A. R. Brown verbally on January 15, 1965.

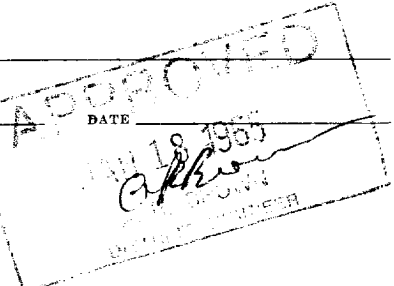
*See Instructions On Reverse Side

5. LEASE OR LOCATION AND SERIAL NO.
LC-032591

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. NAME OF NEAREST TOWN

9. WELL NO.
110. TYPE OF WELL, POOL, OR WILDCAT
Drinkard11. SEC., T., R., M., OR BLK.
AND SURVEY OR AREA
Sec 20-T218-R37E12. COUNTY OR PARISH
Lea New Mexico

Instructions

General: This form is designed for submitting proposals to perform certain well operations, as indicated, on all types of lands and leases for appropriate action by either a Federal or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 1: If the proposal is to redrill to the same reservoir at a different subsurface location or to a new reservoir, use this form with appropriate notations. Consult applicable State or Federal regulations concerning subsequent work proposals or reports on the well.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 14: Needed only when location of well cannot readily be found by road from the land or lease description. A plat, or plats, separate or on this reverse side, showing the roads to, and the surveyed location of, the well, and any other required information, should be furnished when required by Federal or State agency offices.

Items 15 and 18: If well is to be, or has been directionally drilled, give distances for subsurface location of hole in any present or objective production zone.

Item 22: Consult applicable Federal or State regulations, or appropriate officials, concerning approval of the proposal before operations are started.

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(cont')

14. If Tubb commercial, set C.I. Bridge Plug and perforate selected Blinbry interval.
15. If Tubb noncommercial, squeeze w/100 ex Incor posmix 2% gel to 6000 psig, then perforate selected Blinbry interval.
16. Run tbq & swab test Blinbry.
17. Stimulate Blinbry w/1000 gal acid. Further stimulation will be determined after evaluation of swab test data.
18. If Blinbry noncommercial, squeeze as in step 15.
19. Final completion in regards to tbq, pkr, etc., will be determined from results of above work.