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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease  
STATE PATENTED ☐  
5. State Oil & Gas Lease No.

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		7. Unit Agreement Name
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name <u>M.E. WANTZ</u>
2. Name of Operator <u>Continental Oil Company</u>		9. Well No. <u>6</u>
3. Address of Operator <u>P. O. Box 460, Hobbs, New Mexico</u>		10. Field and Pool, or Wildcat <u>BLINEBRY</u>
4. Location of Well UNIT LETTER <u>M</u> LOCATED <u>330</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>990</u> FEET FROM THE <u>WEST</u> LINE OF SEC. <u>21</u> TWP. <u>21-S</u> RGE. <u>37-E</u> NMPM		12. County <u>LEA</u>
19. Proposed Depth <u>5820 PBD</u>		19A. Formation <u>Paddock</u>
20. Rotary or C.T.		
21. Elevations (Show whether DF, RT, etc.) <u>3493' DF</u>	21A. Kind & Status Plug. Bond <u>Blanket Bond on File</u>	22. Approx. Date Work will start <u>3-20-75</u>

23. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15"	10 3/4"		254'	250	Circ.
9 5/8"	7 5/8"	26.40# & 29.70#	2724'	1095	
6 3/4"	5 1/2"	14.0# & 15.5#	7549'	415	

It is proposed to recomplete this shut-in well in the Paddock Pool by the following procedure: Set CIBP @ 5830' w/10' cmt cap. Perf 5 1/2" csq @ 5194', 95', 96' & from 5304' - 14' w/1 JSPP. Treat w/3500 gals. 15% acid w/ball sealers after 2500 gals. Run 2 7/8" tubing to 5350'. Run rods & pump if well fails to flow.

APPROVAL VALID  
FOR 90 DAYS UNLESS  
DRILLING COMMENCED,

EXPIRES 5-13-75

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 [Signature] Title for Division Office Manager Date 2-11-75

(This space for State Use)

APPROVED BY [Signature] TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC (5) File