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# NEW MEXICO OIL CONSERVATION COMMISSION

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 DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name State C Tract 11	
2. Name of Operator Amoco Production Company		9. Well No. 7	
3. Address of Operator P.O. Drawer A, Levelland, Texas 79336		10. Field and Pool, or Wildcat Hardy Blinebry	
4. Location of Well UNIT LETTER <u>8</u> LOCATED <u>510</u> FEET FROM THE <u>south</u> LINE AND <u>1980</u> FEET FROM THE <u>east</u> LINE OF SEC. <u>2</u> TWP. <u>21-S</u> RGE. <u>36-E</u> NMPM		12. County Lea	
21. Elevations (Show whether DF, RL, etc.) 3533.6		13. Proposed Depth 6600'	19A. Formation Blinebry
21A. Kind & Status Plug. Bond Blanket-on file		21B. Drilling Contractor Capitan	20. Rotary or C.T. Rotary
		22. Approx. Date Work will start July 2, 1978	

## 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"	24#	1300'	Circulate to Surface	
7 7/8"	5 1/2"	14#	6600'	Circulate to Surface	

After drilling well, logs will be run and evaluation made, perforating and/or stimulating as necessary in attempting commercial production.

Mud Program: 0 - 1300' - Native mud and fresh water.  
1300' - 6600' - Native mud and brine water.

BOP Attached.  
Gas is committed.

APPROVAL VALID  
FOR 90 DAYS UNLESS  
DRILLING COMMENCED,  
EXPIRES Sept 20, 1978

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 A. V. Hendley Title Admin. Analyst Date 6-26-78

(This space for State Use)

APPROVED BY John W. Pungay TITLE Director DATE 7/1/78

CONDITIONS OF APPROVAL, IF ANY:  
0+4-NMOCC-H  
1-Div  
1-Susp  
1-AVH