

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

# 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.	
F-218	

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

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name State "C" Tr.11	
2. Name of Operator AMOCO PRODUCTION COMPANY		9. Well No. 8	
3. Address of Operator P.O. DRAWER A LEVELLAND, TEXAS 79336		10. Field and Pool, or Wildcat Und. Drinkard	
4. Location of Well UNIT LETTER W LOCATED 810 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE OF SEC. 2 TWP. 21-S RGE. 36-E NMDN		11. County Lea	
12. Proposed Depth 6600'		13. Formation Drinkard	
14. Kind & Status Plug. Bond Blanket on file		15. Rotary or C.R. Rotary	
21. Elevation (Show whether DT, PL, etc.) 3529.7 GR		22. Approx. Date Work will start 11/27/78	

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13-3/8"	48	1300'	Circ.to surface	Surface
12 1/4"	8-5/8"	24#	5100'	Circ.to surface	Surface
7-7/8"	5 1/2" (liner)	14#-15.5#	4900'-6600'	Tie back to 8-3/8"	

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 water  
1300'-TD Commercial mud and brine water to maintain good hole condition.

BOP program is attached.

\*8-5/8" intermediate string will be run if lost circulation occurs above top of Glorieta gas zone. If no lost circulation is encountered by top of Glorieta, reduce hole size to 7-7/8" and run string of 5 1/2" casing at TD.

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 FLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Lennis Evans Title Asst. Admn. Analyst Date 10/11/78

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE OCT 18 1978

CONDITIONS OF APPROVAL, IF ANY: