

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

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.	
F-218	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work				7. Unit Agreement Name	
b. Type of Well DRILL <input 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 type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>				8. Farm or Lease Name	
2. Name of Operator Amoco Production Company				9. Well No. 9	
3. Address of Operator P. O. Box 68 Hobbs, NM 88240				10. Field and Pool, or Will-hat Und. Hardy Drinkard	
4. Location of Well UNIT LETTER Q LOCATED 1980 FEET FROM THE South LINE AND 660 600 FEET FROM THE East LINE OF SEC. 2 TWP. 21-S RGE. 36-E NMPM				17. County Lea	
19. Proposed Depth ---				19A. Formation Drinkard	
20. History or C.F. CT				21. Approx. Date Work will start 6-9-80	
21. Production (show whether DL, RL, etc.) 3516.2 GR		21A. Kind & Status Plug. Bond -----		21B. Drilling Contractor -----	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
		Existing casing will not be altered			

Propose to recomple to the Drinkard per the following procedure:

Circulate sand off of bridge plug set at 6300'. Pull bridge plug, packer, and tubing. Perforate Drinkard 6501'-05', 6516'-18', 6522'-29' with 2 JSPF. Run tubing, packer, and tailpipe. Packer set at 6280'. Tailpipe at 6400'. Acidize with 15000 gal. Dowell gelled 15% HCL acid. Evaluate productivity.

Dist: _____

0+4-NMOCD, H 1-Hou 1-Susp 1-BD

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 Admin. Analyst Date 6-3-80

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE JUN 5 1980

CONDITIONS OF APPROVAL, IF ANY: