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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.	
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. 9	
3. Address of Operator P.O. Drawer "A", Levelland, Texas 79336		10. Field and Pool, or District Und. Drinkard	
4. Location of Well UNIT LETTER Q LOCATED 1980 FEET FROM THE South LINE AND 600 FEET FROM THE East LINE OF SEC. 2 TWP. 21-S RGE. 36-E NMPM		11. County Lea	
19. Proposed Depth 6600'		19A. Formation Drinkard	
20. Rotary or C.T. Rotary			
21. Elevations (show whether DE, RT, etc.) 3517.2 GR		21A. Kind & Status Plug. Bond Blanket on File	
21B. Drilling Contractor NA		22. Approx. Date Work will start 4/1/79	

23.

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 8-5/8"	

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 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 Ray Cox Title Administrative Supervisor Date March 7, 1979

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DATE MAR 12 1979

CONDITIONS OF APPROVAL, IF ANY: