

30-025-26491

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease	
STATE ☒	FEE ☐
5. State Oil & Gas Lease No.	
B-1553	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		DRILL ☒		DEEPEN ☐		PLUG BACK ☐	
b. Type of Well		OIL WELL ☒		GAS WELL ☐		OTHER ☐	
c. Number of Zones		SINGLE ZONE ☒		MULTIPLE ZONE ☐			
2. Name of Operator							
Amoco Production Company							
3. Address of Operator							
P. O. Box 68, Hobbs, NM 88240							
4. Location of Well							
UNIT LETTER		M		LOCATED		330	
				FEET FROM THE		South	
AND		880		FEET FROM THE		West	
				LINE OF SEC.		18	
				TWP.		21-S	
				RANGE		37-E	
10. Field and Pool, or Well Unit							
Und. Drinkard							
11. County							
Lea							
12. Proposed Depth							
6900'							
13A. Formation							
Drinkard							
13B. Rotary or C.R.							
Rotary							
14. Production (show whether DP, RI, etc.)							
3530.6							
21A. Permit Status File #							
Blanket-on-File							
21B. Drilling Contractor							
-							
22. Approx. Date Work will start							
10-10-79							

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	9-5/8"	36#	1300'	Circulate	Surf
8-3/4"	7"	26#	6900'	Circulate	Surf

Propose to drill and equip well in the Drinkard formation. After reaching TD, logs will be run and evaluated. Perforate and/or stimulate as necessary in attempting commercial production.

Mud Program: 0 - 1300' Native mud and fresh water.
1300' - 6900' Commercial mud and brine to maintain good hole conditions.

BOP Program Attached

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 10-4-79
(This space for State Use)

SUPERVISOR DISTRICT

APPROVED BY [Signature] TITLE [Signature] DATE OCT - 5 1979
CONDITIONS OF APPROVAL, IF ANY:

0+5-NMOCD,H

1-Hou 1-Susp

1-BD