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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" 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 OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name H.T. Mattern (NCT-D)	
2. Name of Operator Gulf Oil Corporation		9. Well No. 14	
3. Address of Operator P. O. Box 670, Hobbs, NM 88240		10. Field and Pool, or Wildcat Blinebry	
4. Location of Well UNIT LETTER <u>C</u> LOCATED <u>400</u> FEET FROM THE <u>North</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>7</u> TWP. <u>22S</u> RGE. <u>37E</u> NMPM		12. County Lea	
21. Elevations (Show whether DF, RT, etc.) 3445' GL		19. Proposed Depth	19A. Formation
21A. Kind & Status Plug. Bond	21B. Drilling Contractor	20. Rotary or C.T.	
22. Approx. Date Work will start			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
No New Casing					

Obtain GOR on DHC Tubb & Drinkard. Obtain fluid level and CIBC. POH with rods and tubing. Set CIBC at 6100' to TA Tubb & Drinkard; test casing 1000#. Perf 5464-66', 5482-84', 5518-20', 5584-86', 5634-36', 5726-28' with (2) 1/2" JHPF. Straddle acidize each zone with 200 gals 15% NEFE. Frac with 1400 gals 15% NEFE HCL, 56,000 gals pad, 73,500# 20/40 sand, (24) RCNB's. Reverse out any fill. Swab and test. Run rods and pump.

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 R.D. Pate Title Area Engineer Date 7-12-82

(This space for State Use)

ORIGINAL SIGNED BY

APPROVED BY JERRY SEXTON TITLE _____ DATE JUL 14 1982

CONDITIONS OF APPROVAL IF ANY.