Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-26457

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL ☐ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☒

b. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER
SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name: Grizzel B

2. Name of Operator: Amoco Production Company

8. Well No. 3

3. Address of Operator: P. O. Box 3092, Houston, Tx 77253

9. Pool name or Wildcat: ~~Brunson - Fusselman~~ Drinkard

4. Well Location
Unit Letter H : 510 Feet From The East Line and 1830 Feet From The North Line

Section 8 Township 22-S Range 37-E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3427' RDB			

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

Casing will remain the same. Adequate BOP will be installed.
MI & RUSU. POH production equip.
Set CIBP at 7100'. Cap w/35' cement.
Perf intervals 6423-29, 6434-37, 6455-62, 6465-70, 6475-78, 6482-86, 6492-96
w/4 JSPF X 90 or 120 phasing X csg gun.
RIH w/tbg & pkr and set at 6350'.
Acidize new intervals w/5000 gal NEFE 15% HCL X 1000 scf/bbl N2 & 350 ball sealers.
Flush with 80 bbls 2% KCl water.
Swab to test.
Rig down.

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.

SIGNATURE Kim A. Colvin TITLE Asst. Admin. Analyst DATE 9/30/91

TYPE OR PRINT NAME Kim. A. Colvin TELEPHONE NO. 713/596-7686

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE OCT 1 1991

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway