

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

API NO. (assigned by OCD on New Wells)

API-30-025-27136

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-1811

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

State "IG" Com.

2. Name of Operator

Strata Production Company

8. Well No.

#1

3. Address of Operator

648 Petroleum Bldg. Roswell, New Mexico 88201

9. Pool name or Wildcat

So. Sand Dunes (B-Spring)

4. Well Location

Unit Letter B : 660 ' Feet From The North Line and 1980 ' Feet From The East Line

Section 32

Township

23-S

Range

32-E

NMPM

Lea

County

10. Proposed Depth

11. Formation

12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)

3664' GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

16. Approx. Date Work will start

ASAP

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
20"	16"	65"	705'	750 sx	circ.
14-3/4"	10-3/4"	51#	4740'	3160 sx	
9-1/2"	7-5/8"	39 & 33.7#	12060'	1975 sx	

- 1.) Move in completion unit; TOH w/ rods and tubing;
- 2.) Set CIBP at 8600' with 35' cement on top; test casing.
- 3.) Perf and acidize to evaluate zones of interest.
- 4.) Test production.

Logs, tops & DST information filed by Amoco when well drilled originally.

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

*Frank J. Mung*

TITLE

V.P. Field Operations

DATE 3/27/91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval  
Date Unless Drilling Underway.