

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

30-025-27003

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

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 (Report location clearly and in accordance with any State requirements.)*

At surface

At proposed prod. zone 1980' FNL X 1980' FWL, Sec. 25
(Unit F, SE/4, NW/4)

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

16. NO. OF ACRES IN LEASE

17. NO. OF ACRES ASSIGNED
TO THIS WELL
320

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

16000'

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

3551.6 GL

22. APPROX. DATE WORK WILL START*

8-8-80

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
20"	16"	65#	700'	Circ. to surf.
15" or 14-3/4"	10-3/4"	45.5#	4900'	Circ. to surf.
9-1/2"	7-5/8"	33.7#	12300'	Tie back to 10-3/4"
6-1/2"	4-1/2"	9.5#	11800'-16000'	Tie back to 7-5/8"

Propose to drill and equip well in the Morrow formation. After reaching TD logs will be run and evaluated; perforate and stimulate as necessary in attempting commercial production.

MUD PROGRAM: 0'-700' Native mud and fresh water
700'-4900' Native mud and brine water
4900'-TD Commercial mud and brine with minimum properties for
safe hole conditions

ARCHAEOLOGICAL SURVEY ATTACHED
BOP PROGRAM ATTACHED
Gas is not dedicated

RECEIVED

JUL 16 1980

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone, blowout preventer program, if any.

24.

SIGNED Bob Davis TITLE Admin. Analyst DATE 7-15-80

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

0+5-USGS, H

1-Hou

1-Susp

1-LBG

*See Instructions On Reverse Side

APPROVED

DATE

AUG 11 1980

DISTRICT SUPERVISOR