

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Convrt. to SWD

SINGLE
ZONE ☐MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

UNION TEXAS PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

1300 Wilco Bldg, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface

At proposed prod. zone

1980' FS & WL K

U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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)18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

16. NO. OF ACRES IN LEASE

19. PROPOSED DEPTH

PBTD 4860

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

GR 2995.6

17. NO. OF ACRES ASSIGNED
TO THIS WELL

20. ROTARY OR CABLE TOOLS

22. APPROX. DATE WORK WILL START*

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
	13 3/8	48	539	Cir to Surface
12 1/4	9 5/8	40	3886	Cir to Surface
7 7/8	5 1/2	17	8460	Cir to Surface

Present zone (Crosby Devonian) presently temporary abandon

1. RU, Insatall Bop *soft.*
2. Pull Tubing, run CIBP @ 8275 w/20 ft.cmt on top, to plug devonian zone(perfs 8316-72)
3. Spot 156' plug- top of plug 4860
4. Run Casing log-cir cmt from 3600 to surface
5. Drill out retainer and cmt. Run tubing to plug back depth at 4860.
6. Set Packer @ 3650
7. Perf 3990-4682 (San Andres) Acdz w/5300 Gal HCL
8. Hook up injection line to well head.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

*Billie Good*TITLE *Regulatory Analyst*DATE *6-1-81*

(This space for Federal or State office use)

PERMIT NO. _____

APPROVAL DATE _____

APPROVED

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 30 1981
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions On Reverse Side