

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 ☐ SINGLE ZONE ☐ MULTIPLE ZONE ☐

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
Box 460 Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
At surface
760' FSL & 1880' FEL of Sec. 20
At proposed prod. zone
Same

5. LEASE DESIGNATION AND SERIAL NO.
032326(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
JACK A-20

9. WELL NO.
10

10. FIELD AND POOL, OR WILDCAT
JALMAT YATES GAS

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20, T. 24S, R. 37E

12. COUNTY OR PARISH
LEA

13. STATE
N.M.

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 drig. unit line, if any)

16. NO. OF ACRES IN LEASE
320

17. NO. OF ACRES ASSIGNED TO THIS WELL
40

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

19. PROPOSED DEPTH
3300'

20. ROTARY OR CABLE TOOLS
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3266' GR

22. APPROX. DATE WORK WILL START*
7-2-74

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4"	8 5/8"	20# Spec.	400'	Circ. 260 Sacks
7 7/8"	5 1/2"	14# 15.55	2880'	200 SKS.

It is proposed to drill a straight hole to a TD of 3300' and complete as a Jalmat Yates Gas Well.

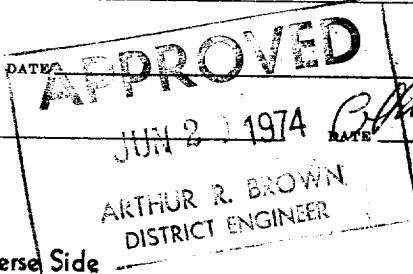
Mud Program: 0-400' 8.5# Spud Mud; 400'-2880' 9.0-10.0# Salt Gel; 2880'-3300' Stable Foam.

See Attached for Blowout Preventer Program

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 [Signature] TITLE Sr. Analyst DATE 6-10-74
(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____
APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____



*See Instructions On Reverse Side

USGS-6. N.M. File