## NEW \_XICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section. Operator Well No. Lease MILLARD DECK Shell State 3 Unit Letter Section Township Runge County 24 South B 36 36 East Lea Actual Festage Location of Well: 660 North 2310 East feet from the line and feet from the line Bround Level Ellev. Producing Fornation Pool Dedicated Acreage: 32721 Cueen Langlie Mattix 40 Acres 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc? ] Yes No No If answer is "yes," type of consolidation \_\_\_\_ If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.). No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission. CERTIFICATION 660 I hereby certify that the information contained herein is true and complete to the 2310'my knowledge and belie Name Owner-Operator Position Millard Deck Company 3/23/81 Date I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief. Date Surveyed **Registered** Professional Engineer and/or Land Surveyor Pertificate 110. ззо 660 90 1320 1650 1980 2310 2640 2000 1500 1000 500

					· • • • • •		
NO. OF COPERS NE	CEIVED		· · ·				
DIST UTION		NEW MEXICO OIL CONSERVATION COMMISSION			Form C-101		
SANTAFE						Revised 1-1-6	5
FILE						_	Type of Ladse
U.S.G.S.	.5.0.5.					STATE	X FEE
LAND OFFICE	ND OFFICE					5. State Off & Gas Loane No.	
OPERATOR	ERATOR					B-1167	
						IIIIIi	
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK							
1a. Type of Work						7. Unit Agree	ement Name
	DRILL		DEEPEN X		PLUG BACK		
b, Type of Well						8, Furm or L	euse Name
OIL X	GAS WELL	<b>o</b> /	HER	ZONE	MULTIPLE ZONE	Shel	1 State
2. Name of Ciperator	r					9. Well No.	
MILLARD DECK						3	
3. Address of Operator						10. Field and Pool, or Wildout	
		Box 10	047, Eunice, N.M. 88	231		Langlie Mattix	
4. Location of Well	UNIT LETTER	<u>n</u>	LOCATED660	FEET FROM THE	North LINE		
AND 2310		East	LINE OF SEC. 36	24 5	- 36 F		
TITITITI I	TTIIT.	111717		inninninn		12, County	
AMMAN	MMM					Lea	
li fi		IIII				IIIIII	
MMMM	THHH	ΤΠΠ				<u>IIIII</u>	
///////////////////////////////////////			19. Proposed Depth 19A. Formation			20. Rotary or C.T.	
TTTTTTTTT	///////	11111		3650'	Queen		None
		21A. Kind & Status Plug. Bond			22. Approx. Date Work will start		
3272' GR Blar		Blanket on file	Eunice Well Service		3/25/81		
23.			PROPOSED CASING	AND CEMENT PROG	PAM		
			THOTOSED CASING	nino dementi i ROOI	100		

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	24#	3551	250	Circulated
7 7/8"	5 1/2"	14#	3675'	750	Circulated
				1	

## PROPOSED WORKOVER PROGRAM

- 1. Rig up Eunice Well Service. Pull tubing and rods.
- 2. Run tubing with tension packer. Set packer at 2740'.
- Rig up Halliburton. Squeeze perfs from 2852' to 3056' using 100 sacks of cement. Reverse out excess cement.
- 4. Rig up reverse circulation equipment. Drill out to 3650'.
- 5. Perforate the Oueen formation from 3518' to 3602'. Run tubong with a packer. Breakdown perfs with acid and treat using 2000 gallons of acid.
- 6. Pull tubingand remove packer. Rerun tubing and rods. Put well to pumping.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROFOSED NEW PRODUC-TIVE ZONE. GIVE BECONDER PROGRAM, IF ANY.

I hereby ce	ertify that the infor	mation above is true an	J complete to the be	st of my knowledge and belief.		
Signed	millard	Derk	Title	Owner-Operator	Date	3/23/81
	/ '	e for State User				MAR 23 1981
	D BI APPROVA		TITLE	MARCH 28 DISTRICT :	DATE _	