

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

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

1890' FNL & 2070' FEL, Sec. 15

At proposed prod. zone (Unit G, SW/4 NE/4)

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

6 miles North & 3 1/2 miles East of Jal, New Mexico

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

40

18. DISTANCE FROM PROPOSED LOCATION*

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

19. PROPOSED DEPTH

6400'

20. ROTARY OR CABLE TOOLS

Rotary

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

3243.1 GL

22. APPROX. DATE WORK WILL START*

11-20-79

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	9-5/8"	36#	1100'	Circ to Surf
8-3/4"	7"	23# & 26#	6400'	Circ to Surf

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

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After evaluation of logs, may attempt a dual completion in the Fowler Upper Yeso.

Mud Program 0 - 1100' Native mud and fresh water.
1100' - 6400' Native mud and brine and enough
commercial mud to maintain good
hole conditions.

BOP Program Attached Archaeological Survey Attached

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.

SIGNED Bob Davis TITLE Asst. Admin. AnalystDATE 11-6-79

(This space for Federal or State office use)

PERMIT NO. _____

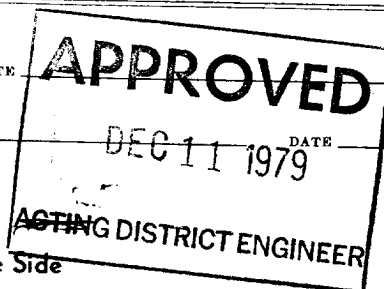
APPROVAL DATE _____

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS,H 1-Hou 1-Susp 1-BD



*See Instructions On Reverse Side