

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Injector

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P. O. Box 3092, Houston, TX 77253

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

2500 FNL X 2524 FEL

G

At proposed prod. zone

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

7 miles NE of Jal, New Mexico

15. DISTANCE FROM PROPOSED*

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

2500'

16. NO. OF ACRES IN LEASE

18. DISTANCE FROM PROPOSED LOCATION*

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

5600'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

20. ROTARY OR CABLE TOOLS

Rotary

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

3243.9' GR

22. APPROX. DATE WORK WILL START*

11/13/91

23. PROPOSED CASING AND CEMENTING PROGRAM

Capitan Controlled Water Basin

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	8-5/8"	32#	1200'	900 sx Class "C" MACULATE
7-7/8"	5-1/2"	15.5#	5600'	1350 sx Class "C" / POZ CIRCULATE

Propose to drill & equip well in Lower Paddock & Blinbry formations. After reaching TD, logs will be run & evaluated. Perforate & stimulate as necessary in attempting reservoir injection.

Mud Program: 0-1250' Fresh water & native mud.
1250'-TD Brine water/salt gel mud.

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL SPECIFICATIONS
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.

24.

SIGNED Kim A. Colvin TITLE Asst. Admin. Analyst DATE 10/14/91

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE 12-2-91

CONDITIONS OF APPROVAL: INJECTION AND UNORTH. LOCATION:

Subject to
like approval

*See Instructions On Reverse Side