

DEPARTMENT OF THE INTERIOR

5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY					NM-055828 7	
APPLICATION	N FOR PERMIT 1	O DRILL, DE	PEN, OR PLUG I	BACK	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
	ILL XX	DEEPEN []	PLUG BA	ск 🗀	7. UNIT AGREEMENT NA	ME
b. TYPE OF WELL OIL. WELL XX G 2. NAME OF OPERATOR	AS OTHER		SINGLE ZONE PARK	911	8. FARM OR LEASE NAM Morgan "AAF"	-
3. ADDRESS OF OPERATOR	EUM CORPORATION		- 13 - 10 - 10 - 10 - 10 - 10 - 10 - 10	0.4	9. WELL NO.	
4. LOCATION OF WELL (R	h Street, Artes	in accordance with ar			Chaveroo Sen	Andres Ei
At proposed prod. zon	' FNL and 660' ame	FEL	72.7		Section 15-	ta o 11 s or na file
	y 20 miles SE o		100		Roosevelt	N.M.
15. DISTANCE FROM PROF LOCATION TO NEARES PROPERTY OR LEASE (Also to degress dri	IT LINE, FT.	660'	NO. OF ACRES IN LEASE	17. NO. OF ACRES ASSIGNED TO THIS WELL 160		
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.		.	appr. 8550	20. ROTABY OR CABLE TOOLS ROTARY		
21. ELEVATIONS (Show wh					22. APPROX. DATE WOR	K WILL START
23.	I	PROPOSED CASING	AND CEMENTING PROGR	АМ		
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT		
17 1/2"	13 3/8"	48# H-40	350'	300 sx circ.		

250 sx We propose to drill and test the Bough "B" and intermediate formations. Approximately 350' of surface casing will be set and cement circulated to shut off gravel and caving. If commercial, production casing will be run and cemented with adequate

400 sx

FW gel/LCM surface to 350', FW to 4200', SW gel/starch to TD. MUD PROGRAM:

BOP's will be installed at the offset and tested daily.

cover, perforated and stimulated as needed for production.

The not dedicated

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive

preventer program. If any.	e pertinent data on substitute locations and measure	The and true retition depting. One provide
24. SIGNED MY COMPANY	TITLE Regulatory Agent	DATE 11-21-84
(This space for Federal or State office use)		
PERMIT NO.	APPROVAL DATE	
S/Levi Deike, Acting	Area Manager	DATE 11-19-84
A ONDITIONS OF APPROVAL, IF ANY :		
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application Exp	in a de	and the state of t