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5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. E-6515	

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name ---
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name State E Com
2. Name of Operator ARCO Oil and Gas Company Division of Atlantic Richfield Company		9. Well No. 1E
3. Address of Operator P. O. Box 5540, Denver, Colorado 80217		10. Field and Pool, or Wildcat Basin Dakota - Dakota
4. Location of Well UNIT LETTER <u>A</u> LOCATED <u>800</u> FEET FROM THE <u>NORTH</u> LINE AND <u>800</u> FEET FROM THE <u>EAST</u> LINE OF SEC. <u>16</u> TWP. <u>29N</u> RGE. <u>10W</u> NMPM		12. County San Juan
19. Proposed Depth 6714'		19A. Formation Dakota
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 5702' GL
21A. Kind & Status Plug. Bond Statewide		21B. Drilling Contractor ---
22. Approx. Date Work will start When appr'd app'l rec'd		

23.

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24#	400'	Cement to surface	
7-7/8"	4-1/2"	10.5#	T.D.	325 sx	

Propose to drill well to sufficient depth to test the Dakota formation, setting surface casing and if productive, setting production casing. If Dakota formation is productive, will perforate, test and treat, if necessary.

Certified Location Plat attached.

Drilling Plan attached.

BOP schematic attached.

APPROVAL VALID  
FOR 90 DAYS UNLESS  
DRILLING COMMENCED,

EXPIRES 2-10-82



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. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed W.A. Walther, Jr. Title Operations Manager Date August 7, 1981  
(This space for State Use)

APPROVED BY Original Signed by CHARLES GHOLSON TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE AUG 10 1981  
CONDITIONS OF APPROVAL, IF ANY: