

Submit to Appropriate District Office  
 State Lease - 6 copies  
 Fee Lease - 5 copies

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-101  
 Revised 1-1-89

**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

DISTRICT I  
 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells) 30-025-23632 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work: DRILL <input type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>				7. Lease Name or Unit Agreement Name  J. R. PHILLIPS "A"	
b. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>				8. Well No. 9	
2. Name of Operator ARCO OIL & GAS COMPANY				9. Pool name or Wildcat EUMONT YATES 7 RIVER QUEEN	
3. Address of Operator P. O. BOX 1710 HOBBS, NEW MEXICO 88241-01710					
4. Well Location Unit Letter <u>M</u> : <u>880</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>31</u> Township <u>19 S</u> Range <u>37 E</u> NMPM LEA County					
10. Proposed Depth 9650		11. Formation QUEEN		12. Rotary or C.T. NA	
13. Elevations (Show whether DF, RT, GR, etc.) 3586' DF		14. Kind & Status Plug. Bond STATEWIDE BLANKET		15. Drilling Contractor NA	
16. Approx. Date Work will start MAR 93					
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	13 3/8"	48	560	550	SURF
	9 5/8"	32-36	3645	1500	SURF
	5 1/2"	15.5-17	9650	1440	500 TS

AMENDED REPORT:

Current Monument McKee TD 9650', PBD 9610', PERFS 9488-9508', CIBP W/35'CMT @ 9435

Recomplete to Eumont Seven Rivers Queen within interval <sup>2374</sup>~~3274~~' to 3445 and stimulate.

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.

SIGNATURE [Signature] TITLE OPERATIONS COORDINATOR DATE 03/09/93

TYPE OR PRINT NAME JAMES D. COGBURN TELEPHONE NO. (505) 391-1621

(This space for State Use)  
 ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

MAR 10 1993

RECEIVED  
MAR 09 1893  
GOD BLESS AMERICA