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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE FEE

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		8. Farm or Lease Name Wm. P. Byrd	
OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		9. Well No. 5	
SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		10. Field and Pool, or Wildcat Eunice-Monument Gbg-SA	
2. Name of Operator Atlantic Richfield Company		12. County Lea	
3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201			
4. Location of Well UNIT LETTER <u>E</u> LOCATED <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>11</u> TWP. <u>20S</u> RGE. <u>36E</u> NMPM			
19. Proposed Depth		19A. Formation	20. Rotary or C.T.
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

We propose to recomplete this well in the Eumont Gas zone as follows:

1. Run GR-Neutron log from 3900'-2500'.
2. Perforate Eumont-Queen w/20-25 selective jet shots picked from above log.
3. Run 2-3/8" EUE 8R tubing for completion.
4. Treat w/2000 gal of 15% HCL-LSTNE acid & swab well in.

NOTE: Request to P&A Eunice Monument zone submitted separately on C-103.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,

EXPIRES 11-6-73

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 C. D. Satches Title Dist. Drlg. Supv. Date 8-1-73

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DATE 8-1-73
CONDITIONS OF APPROVAL, IF ANY: