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)
30-025-05981

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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

1a. Type of Work:
DRILL ☐ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☒

b. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name
Barber Gas Com

2. Name of Operator
ARCO Oil and Gas Company

8. Well No.
3

3. Address of Operator
P.O. Box 1710 - Hobbs, NM 88241-1710

9. Pool name or Wildcat
Eumont Yates 7RQ

4. Well Location
Unit Letter H : 1650 Feet From The North Line and 330 Feet From The East Line

Section 7 Township 20S Range 37E NMPM Lea County

| 10. Proposed Depth | 11. Formation | 12. Rotary or C.T. |
|---|---|---|
| 5250 | Queen | NA |

| 13. Elevations (Show whether DF, RT, GR, etc.) | 14. Kind & Status Plug. Bond | 15. Drilling Contractor | 16. Approx. Date Work will start |
|---|---|---|---|
| 3554' GR | Statewide Blanket | NA | 11/01/92 |

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 | 917 | 1000 | Surf |
| | 9-5/8" | 32/36 | 2904 | 1400 | 1115 TS |
| | 7" | 20/23 | 5249 | 300 | 2550 TS |

Current Monument Paddock TD 5250', PBD 5218', Perfs 5142-5200'

Current Well Name: Bertha J. Barber #18

PROPOSED EUMONT COMPLETION TO BE CHANGED TO:
BARBER GAS COM #3

Propose to P&A Paddock by setting CIBP w/ 35' cmt within 100' of top perf, pressure test, Recomplete to Eumont Queen within interval 2330' to 3370', 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 _____ TITLE Operations Coordinator DATE 10/01/92

TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. (505) 391-1600

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE OCT 0 [illegible]

CONDITIONS OF APPROVAL, IF ANY:

Eumont production subject to approval of NSL