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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-23632

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: J. R. Phillips "A"

2. Name of Operator: ARCO Oil and Gas Company

8. Well No.: 9

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

9. Pool name or Wildcat: Eumont Yates 7RQ GB

4. Well Location
Unit Letter M : 880 Feet From The South Line and 660 Feet From The West Line

Section 31 Township 19S Range 37E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
9650	Queen	NA

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3586' DF	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	560	550	Surf
	9-5/8"	32-36	3645	1500	Surf
	5-1/2"	15.5-17	9650	1440	500 TS

Current Monument McKee TD 9650', PBD 9610', Perfs 9488-9508'

Propose to P&A Monument McKee Ellenbarger by setting CIBP w/ 35' cmt within 100' of top perf, pressure test, recomplete to Eumont Queen within interval 2374' to 3375', 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 Orig. Signed by Paul Kautz Geologist TITLE _____ DATE OCT 05 '92

CONDITIONS OF APPROVAL, IF ANY: