

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐GAS
WELL ☒

OTHER

SINGLE
ZONE ☒MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

ARCO Oil and Gas Company,
Division of Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 5540, Denver, Colorado 80217

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

1025' FSL & 975' FEL, Section 33

At proposed prod. zone

Approximately same.

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

6 miles south of Bloomfield, New Mexico

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

975'

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

2155'

16. NO. OF ACRES IN LEASE

2560.0

19. PROPOSED DEPTH

6630

17. NO. OF ACRES ASSIGNED

TO THIS WELL

E/320

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

6013' GL Ungraded

22. APPROX. DATE WORK WILL START*

When approval received.

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	8-5/8"	24#	900	400 sx (cement to surface)
7-7/8"	4-1/2"	10.5#	TD	500 sx

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

Pursuant to the provisions of NTL-6 attached are: Certified Location Plat
Drilling Plan with attachment
Surface Use and Operations Plant
with attachments.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface location, direction, and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

TITLE

Operations Manager

DATE

April 7, 1980

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side