

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

Arch Petroleum Inc.

3. ADDRESS OF OPERATOR

10 Desta Dr., Suite 420 East, Midland, Texas 79705

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

At surface

330 FNL & 990 FWL, Section 22, T22S, R37E

At proposed prod. zone

Same

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

3 miles South of Eunice

15. DISTANCE FROM PROPOSED*

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

300

16. NO. OF ACRES IN LEASE

80

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

1140

19. PROPOSED DEPTH

6600

20. ROTARY OR CABLE TOOLS

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

3379 GR

22. APPROX. DATE WORK WILL START*

9-6-90

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 1/2	13 3/8	54.5#	225	230 sx
12 1/4	9 5/8	36#	2753	1400 sx
8 3/4	7	23#	6502	800 sx
7	5 Liner	15#	top-6333' bottom-7325'	125 sx

CIBP at 7025 Perf Interval at 6628-6892 (Wantz Abo)

PROPOSAL:

1. Dump 35' of cement on top of CIBP at 7025.
2. Set 5" CIBP at 6600 (No cement - plan to re-enter abo zone at future date),
3. Perforate 1 JSPF at selected intervals in zone between 5450-5650 (Blinebry).
4. Acidize with 6000 gals 15% NeFe HCL. Frac with 42,000 gals gel, 19,000 gals CO₂ and 109,000# 20-40 sand at 35 BPM.
5. Test formation. Put on production.

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 locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED David Miller TITLE David Miller DATE 8-31-90

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE 1-5-91

CONDITIONS OF APPROVAL, IF ANY: