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NEW MEXICO OIL CONSERVATION COMMISSION

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APR 28 1978

O. C. C.  
ARTESIA, OFFICE

30-015-22524

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
647-349	647-351

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well		Empire Abo Pressure Maintenance Project	
DRILL <input checked="" type="checkbox"/>	DEEPEN <input type="checkbox"/>	8. Farm or Lease Name	
OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	Empire Abo Unit "F"	
OTHER <input type="checkbox"/>	SINGLE ZONE <input checked="" type="checkbox"/>	9. Well No.	
2. Name of Operator		321	
Atlantic Richfield Company		10. Field and Pool, or Wildcat	
3. Address of Operator		X Empire Abo	
P. O. Box 1710, Hobbs, New Mexico 88240		12. County	
4. Location of Well		Eddy	
UNIT LETTER H	LOCATED 1610	19. Proposed Depth	
FEET FROM THE North	LINE	6200'	
AND 250	FEET FROM THE East	19A. Formation	
LINE OF SEC. 33	TWP. 17S	Abo Reef	
RGE. 28E	NMPM	20. Rotary or C.T.	
21. Elevations (Show whether DF, RT, etc.)		Rotary	
3674.3' GR	21A. Kind & Status Plug. Bond	22. Approx. Date Work will start	
GCA #8	21B. Drilling Contractor	6/15/78	
Hondo Drlg. Co.			

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8" OD	24# K-55	600'	300	Circ to surf
7-7/8"	5-1/2" OD	14# K-55	6000'		
		15.5# K-55	6200'	1205	Circ to surf

Propose to drill an infill development well within the Empire Abo Unit area to more economically recover additional oil reserves and conserve reservoir pressure in accordance with NMOCC Rules & Regulations NSL-915.

Blowout Preventer Program attached.

APPROVAL VALID  
FOR 90 DAYS UNLESS  
DRILLING COMMENCED.  
EXPIRES 8-2-78

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 [Signature] Title Dist. Drlg. Supt. Date 4/25/78

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT 11 DATE MAY 2 1978

CONDITIONS OF APPROVAL, IF ANY: