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NEW MEXICO OIL CONSERVATION COMMISSION

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Form C-101
Revised 1-4-65

JUL 8 1978

O. C. C.
ARTEBIA, OFFICE

5A. Indicate Type of Lease
STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-11594-3

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		Empire Abo Pressure Maintenance Project	
DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		8. Farm or Lease Name	
SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		Empire Abo Unit "J"	
2. Name of Operator		9. Well No.	
Atlantic Richfield Company		214	
3. Address of Operator		10. Field and Pool, or Wildcat	
P. O. Box 1710, Hobbs, New Mexico 88240		Empire Abo	
4. Location of Well		12. County	
UNIT LETTER E LOCATED 2450 FEET FROM THE North LINE		Eddy	
AND 400 FEET FROM THE West LINE OF SEC. 6 TWP. 18S RGE. 28E NMPM			
19. Proposed Depth		19A. Formation	
6250'		Abo Reef	
20. Rotary or C.T.		22. Approx. Date Work will start	
Rotary		Dec. 18, 1978	
21. Elevations (Show whether DF, RT, etc.)		21A. Kind & Status Plug. Bond	
3650.1' GR		GCA #8	
21B. Drilling Contractor			
Hondo Drilling 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	550'	300	Circ
7-7/8"	5-1/2" OD	15.5# K-55	6250'	1250	Circ

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 Unit OCC Rules & Regulations.

Blowout Preventer Program attached.

NSL-937

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,

EXPIRES 10-26-78

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 6-28-78

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT II DATE JUL 26 1978

CONDITIONS OF APPROVAL, IF ANY: