

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

API NO. (assigned by OCD on New Wells)

30-015-26332

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

NM-4681

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

State "2"

2. Name of Operator

ARCO OIL AND GAS COMPANY

8. Well No.

4

3. Address of Operator

Box 1610, Midland, Texas 79702

9. Pool name or Wildcat

Shugart Yts SRQ GB

4. Well Location

Unit Letter L : 2184 Feet From The South Line and 391 Feet From The West Line

Section 2 Township 19S Range 30E NMPM Eddy County

10. Proposed Depth

3300

11. Formation

Queen

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3488.6 GR

14. Kind & Status Plug. Bond

Statewide Blanket

15. Drilling Contractor

Fishing Tool

16. Approx. Date Work will start

4-10-90

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2	13 3/8	48	700	600	Surf
11	8 5/8	24	+2000	700	Surf
7 7/8	5 1/2	15.5	3300	350	1500

Intermediate 8-5/8 to be set below base of salt, but not more than 100 ft below base of salt.

Post ID-1
4-13-90
New Loc + APF

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 10/5/90
LIMITED DRILLING UNDERWAY

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 Ken W. Gosnell TITLE Engr. Tech. (915) 688-5672 DATE 4-3-90
3/12/90

TYPE OR PRINT NAME Ken W. Gosnell 915/688-5672 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE APR 5 1990

CONDITIONS OF APPROVAL, IF ANY:

NOTIFY AROUND IN SUFFICIENT
TIME TO ALLOW FOR COMPLETING THE
13 3/8 + 8 5/8

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator ARCO OIL & GAS COMPANY			Lease STATE 2		Well No. 4
Unit Letter L	Section 2	Township 19 SOUTH	Range 30 EAST	County EDDY	
Actual Footage Location of Well: 2184 feet from the SOUTH line and 391 feet from the WEST line					
Ground level Elev. 3488.6'	Producing Formation Queen		Pool Shugart	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

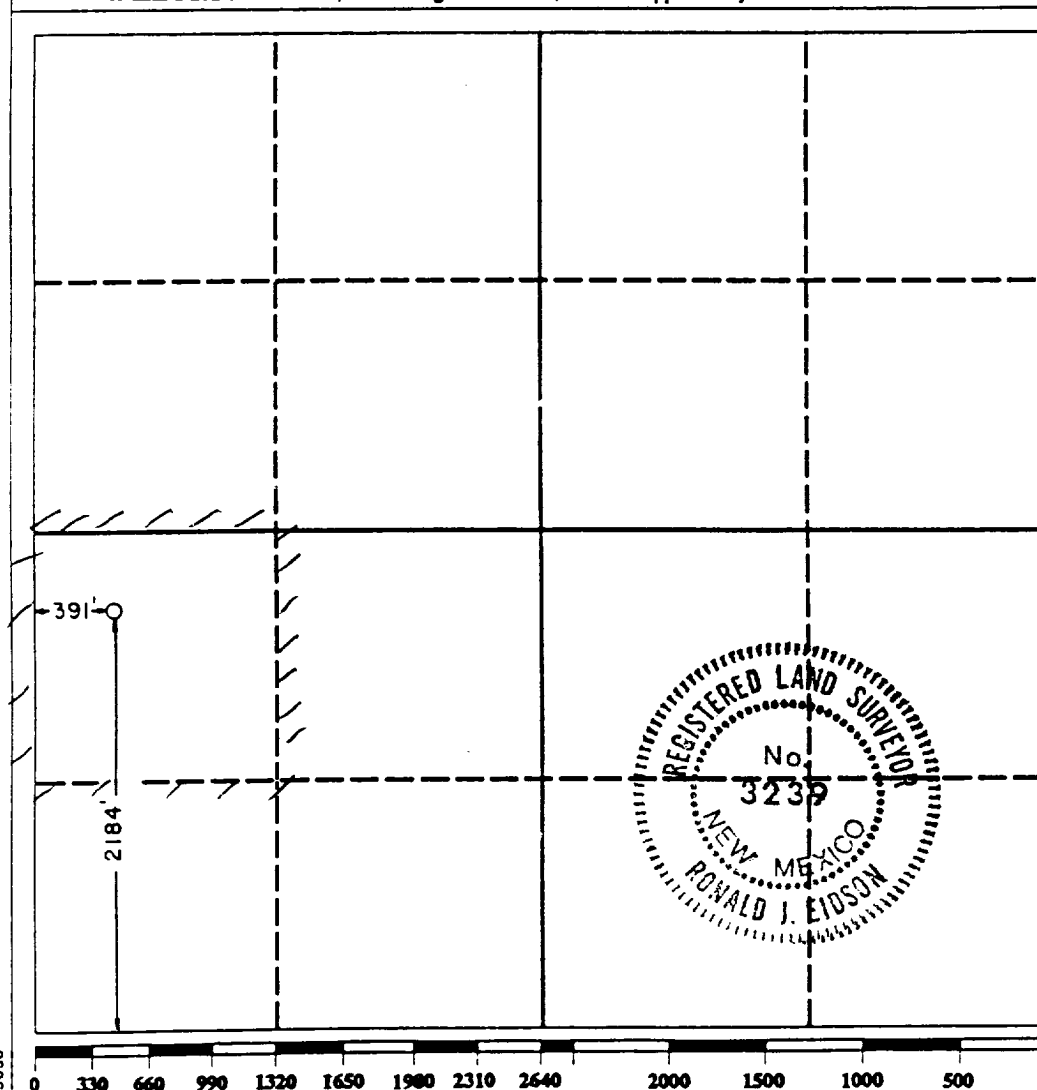
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☐ Yes ☐ No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature *Ken W. Gosnell*
Ken W. Gosnell

Printed Name
Ken W. Gosnell

Position
Engr. Tech.

Company
ARCO Oil & Gas Co.

Date
3-1-90

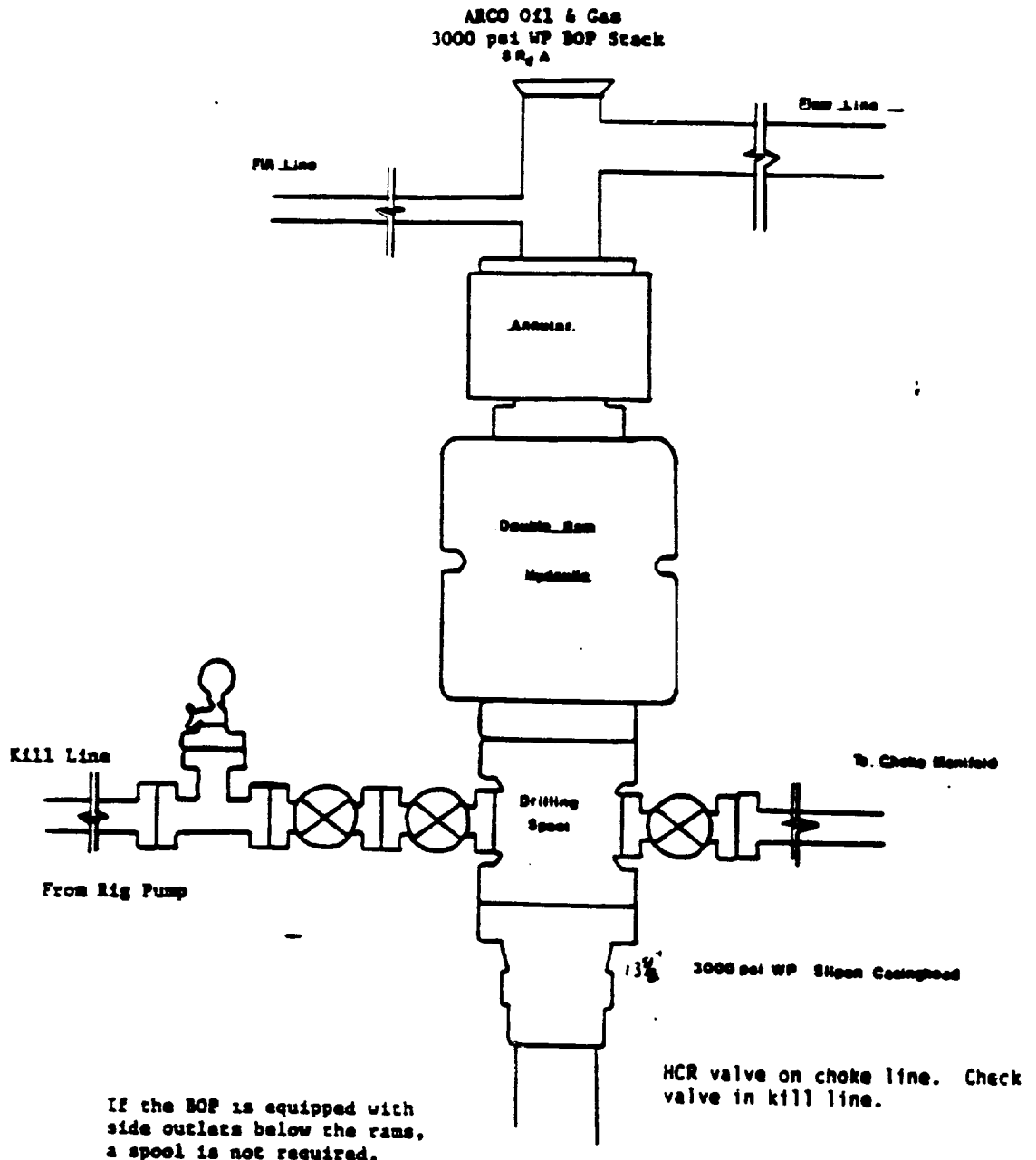
SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
2-21-90

Signature & Seal of
Professional Surveyor

Ronald J. Eidson
Certificate No. JOHN W. WEST, 676
RONALD J. EIDSON, 3239



ARCO Oil & Gas Company
Division of Atlantic Richfield Company
Blow Out Preventer Program

MEZ 1/85

Lease Name State 2

Well No. 4

Location _____

BOP to be tested when installed on well and will be maintained in good working condition during drilling. All wellhead fittings to be of sufficient pressure to operate in a safe manner.