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NEW MEXICO OIL CONSERVATION COMMISSION
HOBBS OFFICE O. C. C.

MAY 22 11 10 AM '69

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. E-8875	
7. Unit Agreement Name	
8. Farm or Lease Name State "BL"	
9. Well No. 1	
10. Field and Pool, or Wildcat So. Prairie (Ext)	
12. County Roosevelt	
19. Proposed Depth 13,100'	19A. Formation Devonian
20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) To be reported	21A. Kind & Status Plug. Bond Bond #8 GCA
21B. Drilling Contractor Not selected	
22. Approx. Date Work will start 6-2-69	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	
2. Name of Operator Atlantic Richfield Company	
3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201	
4. Location of Well UNIT LETTER F LOCATED 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE OF SEC. 16 TWP. 8-S RGE. 36-E NMPM	
21. Elevations (Show whether DF, RT, etc.) To be reported	
21A. Kind & Status Plug. Bond Bond #8 GCA	
21B. Drilling Contractor Not selected	
22. Approx. Date Work will start 6-2-69	

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#	400'	Circulate	Surface
12-1/4"	9-5/8"	32.3 & 36	4100'	750 sx	2500'
8-3/4"	5-1/2"	23, 17 & 20	13100	500 sx	12000'

We propose to drill a well as outlined above to test the producing capabilities of the Devonian formation. 2 ram hydraulic BOP's will be used on all casing strings.

IF CASING IS ON MUD LOG
24 HOURS PRIOR TO RUNNING
CASING.

EXPIRES **8-23-69**

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 **O. D. Bretches** Original Signed Title **Dist. Drlg. Supervisor** Date **5-21-69**

APPROVED BY **[Signature]** TITLE **SUPERVISOR** DATE **[Signature]**

CONDITIONS OF APPROVAL, IF ANY:

