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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 11-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
OG 1195	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> 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"/>		8. Form or Lease Name State "BF"	
2. Name of Operator Atlantic Richfield Company		9. Well No. 7	
3. Address of Operator P.O. Box 1978, Roswell, New Mexico		10. Field and Pool, or Wildcat Chaveroo-San Andres	
4. Location of Well UNIT LETTER F LOCATED 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE OF SEC. 3 TWP. 8-S RGE. 33-E NMPM		12. County Chaves	
19. Proposed Depth 4500		19A. Formation San Andres	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 Verna Drlg Co	22. Approx. Date Work will start 7-25-66

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4	8-5/8	24	375	Circ.	Circ.
7-7/8	4-1/2	9.5	T.D.	225	3500

We propose to test the producing capabilities of the San Andres at the above location. 2 ram BOP's will be used on all casing strings.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED.

EXPIRES 10-23-66

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 A. D. Kleofin Title Dist. Drlg. & Prod. Supt. Date 7-22-66
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: