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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

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

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work				7. Unit Agreement Name	
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> Wildcat SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>				8. Farm or Lease Name Southard	
2. Name of Operator Atlantic Richfield Company				9. Well No. 1	
3. Address of Operator P. O. Box 1978, Roswell, New Mexico				10. Field and Pool, or Wildcat Wildcat	
4. Location of Well UNIT LETTER D LOCATED 460 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE OF SEC. 34 TWP. 6-S RGE. 31-E NMPM				12. County Chaves	
19. Proposed Depth 4100				19A. Formation San Andres	
20. Rotary or C.T. Rotary				21. Elevations (Show whether DF, RT, etc.)	
21A. Kind & Status Plug. Bond Bond #8 GCA		21B. Drilling Contractor Not selected		22. Approx. Date Work will start 11-15-66	

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'	Circulate	
7-7/8"	4-1/2"	10.5	T. D.	250	3300'

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

FOR NO. 101, UNLESS
DRILLING COMMENCED,

EXPIRES

2 7 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 O. D. Bretches Title Dist. Drilling Supervisor Date 11-4-66

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: