

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Barnes & Golden	
2. Name of Operator Atlantic Richfield Company		9. Well No. 1	
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240		10. Field and Pool, or Wildcat Bronco Siluro Dev.	
4. Location of Well UNIT LETTER <u>N</u> LOCATED <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>11</u> TWP. <u>13S</u> RGE. <u>38E</u> NMPM		12. County Lea	
19. Proposed Depth Plugback 11,590'		19A. Formation Mississippi	
21. Elevations (Show whether DF, RT, etc.) 3800' GR		22. Approx. Date Work will start 9/26/75	
21A. Kind & Status Plug. Bond GCA #8		21B. Blowout Contractor W.O. Not selected	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
No change in casing					

Propose to recompleate in Mississippian in the following manner:

1. Perforate Mississippian zone w/2 JSPF ea @ 10,983, 90, 93, 96, 99, 11,002, 005, 008, 11,011, 11,014' (20 holes).
2. GIH w/tbg & pkr. Set pkr @ 10,950'.
3. Acidize perfs 10,983-11,014' w/8000 gals retarded 20% HCL-NE acid followed by 8000 gals 15% HCL-NE acid.
4. POH w/pkr & run tbg, rods & pump.

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. Supv. Date 9/22/75

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