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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, N. M.

Form C-101
Revised 1-1-65

Oct 1 11 41 AM '68

5A. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Tucker
9. Well No. 4
10. Field and Pool, or Wildcat Chaveroo-San Andres
12. County Roosevelt
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 Drilling Co.
22. Approx. Date Work will start 10-7-68

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK	
1a. Type of Work	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>
2. Name of Operator Atlantic Richfield Company	SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>
3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201	
4. Location of Well UNIT LETTER 0 LOCATED 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE OF SEC. 23 TWP. 7-S RGE. 32-E NMPM	
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'	Circulate	Circulate
7-7/8	4-1/2	10.5#	T. D.	300 sx	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.

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 Original Signed O. D. Bretches Title Dist. Drlg. Supervisor Date 9-30-68
(This space for State Use)

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

APPROVED BY [Signature]
DATE 1-2-69