

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Form C-101
Revised 10-1-78

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease
STATE ☐ FEE ☒

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		7. Unit Agreement Name
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 checked="" type="checkbox"/>		8. Farm or Lease Name Eidson "A" WN
2. Name of Operator ARCO Oil and Gas Company Division of Atlantic Richfield Company		9. Well No. 4
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240		10. Field and Pool, or Wildcat Shoe Bar Penn
4. Location of Well UNIT LETTER <u>K</u> LOCATED <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1750</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>26</u> TWP. <u>16S</u> RGE. <u>35E</u> NMPM		12. County Lea
19. Proposed Depth 10,395'		19A. Formation Wolfcamp
20. Rotary or C.T. Compl Rig		
21. Elevations (show whether DF, KT, etc.) 3966' GR	21A. Kind & Status Plug. Bond GCA #8	21B. Drilling Contractor not selected
22. Approx. Date Work will start 5/28/84		

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15"	11-3/4"	42#	416'	525	Circ to surf
11"	8-5/8"	24, 32#	4800'	1000	3070' TS
7-7/8"	5 1/2"	15.5, 17#	10,431'	550	8020' TS

Propose to test Wolfcamp zone for production and commingle downhole with the Penn in the following manner:

1. Set RBP @ 10,250'.
2. Perf Wolfcamp selectively from CNL/GR. Set pkr above Wolfcamp perfs & acidize w/2000 gals 15% HCL. Swab back & test.
3. Rec BP @ 10,250' & apply for DHC permit. RIH w/single completion assy.

Note: Form C-103 to squeeze cmt Penn perfs reported separately.

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 BEDDOWN PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Robert E. Ballinger Title Drlg. Engr. Date 5/24/84
(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

MAY 28 1984

APPROVED BY DISTRICT 1 SUPERVISOR TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: