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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1582	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name	
DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		Lea 403 State	
SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		9. Well No.	
2. Name of Operator		3	
Atlantic Richfield Company		10. Field and Pool, or Wildcat	
3. Address of Operator		Undesignated Queen	
P. O. Box 1710, Hobbs, New Mexico 88240			
4. Location of Well		12. County	
UNIT LETTER N LOCATED 330 FEET FROM THE South LINE		Lea	
AND 2310 FEET FROM THE West LINE OF SEC. 22 TWP. 18S RGE. 35E NMPM			
		19. Proposed Depth	
		PB	
		19A. Formation	
		Queen	
		20. Rotary or C.T.	
		Completion Rig	
21. Elevations (Show whether DF, RT, etc.)		22. Approx. Date Work will start	
3895' GR		7/28/77	
21A. Kind & Status Plug. Bond		21B. Drilling Contractor	
GCA #8		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 recomplate in the Queen zone, treat and test in the following manner:
1. Run GR-Corr & CBL from PBD approx 4700' to base of salt.
 2. Perforate Queen approx 4428-4440'.
 3. Acidize w/1000 gals 15% HCL-NEA acid.
 4. Frac w/20,000 gals gelled acid wtr & 20,000# sd.
 5. Swab & run compl assy, test for production.

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 D.V. Rocks Title Dist. Drlg. Supt. Date 7/27/77

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

DATE