NO. OF COPIES RECEIVED							
DISTRIBUTION	NEW	MEXICO OIL CONSER	Form C-101				
SANTA FE					Revised 1-1-65		
FILE						Type of Lease	
U.S.G.S.					STATE		
LAND OFFICE					.5. State Oil &	Gas Lease No.	
OPERATOR					mm	mmmm	
DEEDEN OF PLUG DACK							
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK						ement Name	
1a. Type of Work					, Gill Agree	ment Ivanie	
DRILL	1	DEEPEN PLUG BACK X				8, Farm or Lease Name	
b. Type of Well  OIL X GAS	1		SINGLE MULT	IPLE []		Phillips A	
WELL A WELL	WELL A WELL OTHER ZONE ZONE ZONE						
2. Name of Operator	~		÷		9. Well No.	5	
Atlantic Richfield	Company				10 Field and	l Pool, or Wildcat	
3. Address of Operator					Blinebry Oll		
P. O. Box 1710, Ho					777777		
4, Location of well unit LETTI	ER M LOCA	ATED 660 F	EET FROM THE Sout	hLINE			
660	THE West	FOF SEC. 31	NP. 19S RGE. 37	E NMPM			
AND 660 FEET FROM	THE HER LINI	E OF SEC. 31	NP. 135 RGE. 37	TTTTT	12. County		
XIIIIIIIIIIIIII					Lea		
<i>44444444</i>	44444444	++++++++	<del>/////////////////////////////////////</del>	<i>HHH</i>	minn!	HHHHHIII	
	<i>HHHHH</i>	<del>/////////////////////////////////////</del>	9. Proposed Depth 19	9A. Formatio	<u>, , , , , , , , , , , , , , , , , , , </u>	20. Hotary or C.T.	
			Plug Back				
21. Elevations (Show whether DF	RT. etc.) 21A. Kind		1B. Drilling Contractor		22. Approx.	Date Work will start	
3571' GR			Not selected		2,	/13/75	
23.							
20.	P	ROPOSED CASING AND	CEMENT PROGRAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS O	F CEMENT	EST. TOP	
3.22 3. 1.13	10-3/4"			30	00		
	7-5/8"	26.4#	2852 '	100	00	1240'	
	7-5/8" 5-1/2"	17#			25 1818'		
Propose to plug ba					in the	following manner	
<ol> <li>Fill hole w/flu</li> <li>Perforate inter</li> <li>Run tbg &amp; pkr.</li> </ol>	rval as indicate Acidize w/2000	ed on log (appr gal 15% HCL-L	STNE.	<b>T</b> C		70 V /4 h 0	
4. Swab test. If				. 11 te	est good,	POH W/tbg &	
pkr. RIH w/com	mpletion assy &	return to prod	uction.				
					- 2		
			•		10.7 <b>5</b>		
					√CED,		
				41	1.26		
			Dirihina		0-12	misorii .	
						•	
IN ABOVE SPACE DESCRIBE P	TER PROGRAM, IF ANY.			N PRESENT PI	RODUCTIVE ZONE	E AND PROPOSED NEW PRODUC	
I hereby certify that the informat	ion above is true and com	plete to the best of my k	nowledge and belief.				
W. W. TX	$\mathcal{C}$	m Dict	Drlg. Supv.		Date 2/	6/75	
Signed / Co	soft of	_ Tule Dist.	Dite nahve				
Traff .	State Use)	SUP		و المعارف المارية المار	DATE	TQ 10 000	
CONDITIONS OF APPROVAL,	F ANY:	, IIILE			JA 1 E		