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# 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.
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## 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"/>		8. Farm or Lease Name H. S. Turner	
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 Eumont Queen Gas	
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>29</u> TWP. <u>21S</u> RGE. <u>37E</u> NMPM		11. County Lea	
19. Proposed Depth 3089		19A. Formation Eumont Queen	
20. Rotary or C.T. Workover Rig		21. Elevations (Show whether DF, RT, etc.) 3460' GR	
21A. Kind & Status Plug. Bond GCA #8		21B. Drilling Contractor Not selected	
22. Approx. Date Work will start 5/3/76			

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 plug back & attempt recompletion to the Eumont Queen Gas zone in the following manner:

1. Circ hole w/4% KCL wtr & spot 550 gals 15% HCL-LSTNE acid 3089-3425'. POH w/stinger.
2. Perforate Eumont w/1 JS ea @ 3089, 95, 3185, 3210, 59, 3302, 37, 80, 99 & 3425'.
3. GIH w/pkr, set above perfs 3089-3425' & acidize w/2000 gals 15% HCL-LSTNE acid & 15 - 7/8" RCN ball sealers.
4. Swab test & evaluate.
5. Frac perfs 3089-3425' w/20,000 gals 4% KCL wtr & 35,000# 20/40 sd. Drop 3 balls midway thru treatment.
6. Swab test.
7. Release pkr & check for sd, POH w/pkr.
8. Run completion assy & test for production.

**Acreage is dedicated to gas purchaser**

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 4/27/76

(This space for State Use)

APPROVED BY [Signature] TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY: