Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-08844

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [X]

b. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: State 157 "A"

2. Name of Operator: ARCO Oil and Gas Company

8. Well No.: 1

3. Address of Operator: P.O. Box 1710 - Hobbs, New Mexico 88241-1710

9. Pool name or Wildcat: Jalmat T Yates 7RQ

4. Well Location
Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line

Section 9 Township 22S Range 36E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
4000'	Queen	NA

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3550' GR	Statewide Blanket	NA	11/01/92

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15.5	12-1/2	50	235		
10	8-1/4	32	1483	400	450 TS
7-5/8	5-1/2	20	3731	300	1345 TS

Current Eunice 7RQ South TD 4000', PBD 3713', Perfs 3638-3711'

Propose to TA Eunice 7RQ South w/CIBP, pressure test, recomplete in Jalmat within interval 3000' to 3600' and stimulate.

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.

SIGNATURE _____ TITLE Operations Coordinator DATE 10/06/92

TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. (505) 391-1600

OCT 0 9

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: