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) 30-025-08861

5. Indicate Type of Lease STATE ☐ 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 ☒

b. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name: D. D. Harrington WN

2. Name of Operator: ARCO Oil and Gas Company

8. Well No.: 5

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 F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section 10 Township 22S Range 36E NMPM Lea County

| 10. Proposed Depth | 11. Formation | 12. Rotary or C.T. |
|---|---|---|
| 3808' | Queen | NA |

| 13. Elevations (Show whether DF, RT, GR, etc.) | 14. Kind & Status Plug. Bond | 15. Drilling Contractor | 16. Approx. Date Work will start |
|---|---|---|---|
| 3560.3 | 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 |
|---|---|---|---|---|---|
| 11 | 8-5/8 | 24 | 1596 | 500 | Surf |
| 7-7/8 | 5-1/2 | 15.5/17 | 3807 | 500 | Surf |
| | | | | | |

Current TD 3808', PBD 3806', Perfs 3743-3783' (Eunice SRQ South)

Propose to P&A Eunice SRQ South by setting CIBP w/ 35' cement above top perf, pressure test, recomplete in Jalmat within interval 2988' to 3642', 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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE OCT 08 '92

CONDITIONS OF APPROVAL, IF ANY: