

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

API NO. (assigned by OCD on New Wells) 30-025-08870 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name H.S. RECORD WN
8. Well No. 3
9. Pool name or Wildcat JALMAT T. YATES 7R

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work: DRILL <input type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>					
b. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>					
2. Name of Operator ARCO OIL & GAS COMPANY					
3. Address of Operator P.O. 1710 HOBBS N.M.					
4. Well Location Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 10 Township 22S Range 36E NMPM LEA County					
10. Proposed Depth 3804		11. Formation QUEEN SR		12. Rotary or C.T. NA	
13. Elevations (Show whether DF, RT, GR, etc.) 3540.5' GR		14. Kind & Status Plug. Bond BLANKET		15. Drilling Contractor NA	
16. Approx. Date Work will start JUNE 1993					
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	1507	500	SURF
7 7/8	5 1/2	15.5	3794	500	756

CURRENT EUNICE 7RQ SOUTH TD 3804, PBD 3795, PERFS 3644-3788

PROPOSE TO ABANDON EUNICE 7RQ SOUTH W/CIBP, RECOMPLETE IN JALMAT WITHIN
INTERVAL 2993'-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 James Cogburn TITLE Operation Coordinator DATE 5-26-93
TYPE OR PRINT NAME James Cogburn TELEPHONE NO. 391-1621

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE DATE MAY 28 1993

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 2 - 1990

OCD HOMES OFFICE