'NO. OF COPIES RECE	IVED									
DISTRIBUTIO	N				SERVATION CO	mmee	ON	<b>C</b> 101		
SANTA FE						576671551		Form C-101 Revised 1-1-6	5	
FILE		-						5A. Indicate	Type of	Lease
U.S.G.S.								STATE		FEE
LAND OFFICE								5. State Oil	- & Gas Le	
OPERATOR									B-150	)6
								mm	TITT	mmm
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK									IIII	
1a. Type of Work					, 0117 200 2			7. Unit Agre	ement Nar	 me
1							67	-		
b. Type of Well			DEEP	EN 🛄		PLU	G ВАСК 🕅	8. Farm or L	ease Nam	
OIL WELL	GAS WELL	отн	ĒR		SINGLE X	M	ZONE	State 1		
2. Name of Operator								9. Well No.	<u> </u>	
Atlantic Ri	chfieldCo	ompany								
3. Address of Operato		1.4.5						4	1 0 1	
P. O. Box 1'	710 Hob		Mexico 882/	10				10. Field an		
4. Location of Well								Arrowhea	<u>d Gray</u>	burg
	UNIT LETTER	I	LOCATED	2310	FEET FROM THE	Sout	hLINE		HHH.	
and 990				10	00 a				/////	
AND 990	FEET FROM TH	⊧ Eas	t LINE OF STA	<u>. 12</u>	TWP. 22S	RGE. 3	6E NMPM	111111	$\overline{U}$	
								12. County		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	711111	HHH	11111111	TITT	IIIIII	$\overline{III}$		Lea		
	///////					/////		<u>IIIIII</u>	IIII	
	111111	//////		///////		/////	////////		11111	/////////
				IIIIII	19. Proposed De	epth	19A. Formation		20. Rota	ry or C.T.
	///////	//////		///////	ł		Eumont Ou	een Gas		
21. Elevations (Show	whether DF, R	ľ, etc.)	21A. Kind & Statu	s Plug. Bond	21B. KONKING Co		1	l	Date Wor	rk will start
3456' GR					workover -			1	/13/75	
23.		····· ·			d					

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
·					

Propose to recomplete this well in the Eumont Oueen gas zone. Upon successful recompletion to the Eumont Gas zone, this well to be produced in accordance w/Amendment of Administrative Order NSP-526. Recompletion plans are as follows:

- 1. Perforate Eumont Oueen w/1 JS ea @ 3262, 67, 88, 94, 98, 3312, 20, 30, 36, 3425, 35, 45, 55, 65, 75, 85, 95' w/17 -  $\frac{1}{2}$ " holes.
- 2. Acidize perfs 3262-3495' w/4000 gals 15% HCL-LSTNE acid.
- 3. Frac perfs 3262-3495' w/20,000 gals gelled KCL water & 40,000# sand in 2 stages.
- 4. Swab test. POH w/tbg & pkr.
- 5. GIH w/production assembly & test.
- Note: Notice in Intention to plug the Arrowhead Grayburg open hole section reported separately on Form C-103.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC-TIVE ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY. I hereby certify that the information above is true and complete to the best of my knowledge

I hereby certify that the information above is true and o	complete to the best of my knowledge and belief.	
Signed	TuleDist. Drlg. Supv.	Date 11/13/75
(This space for State Use) by		
APPROVED BY	TITLE	DATE 1975