

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

OIL CONSERVATION DIVISION

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

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

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

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

API NO. (assigned by OCD on New Wells) 30-025-24418
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 ☐					
2. Name of Operator ARCO OIL AND GAS COMPANY					
3. Address of Operator P. O. BOX 1710 - HOBBS, NEW MEXICO 88241-1710					
7. Lease Name or Unit Agreement Name W. C. ROACH					
8. Well No. 5					
9. Pool name or Wildcat EUMONT YATES SEVEN RIVERS QUEEN					
4. Well Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line Section <u>21</u> Township <u>20S</u> Range <u>37E</u> NMPM LEA County					
10. Proposed Depth 3808'		11. Formation QUEEN		12. Rotary or C.T. N/A	
13. Elevations (Show whether DF, RT, GR, etc.) 3512' GR		14. Kind & Status Plug Bond STATEWIDE BLANKET		15. Drilling Contractor N/A	
16. Approx. Date Work will start 11/15/92					
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	8-5/8"	24	426	325	Surface
	4-1/2"	9.5	3808	550	1510' TS

CURRENT EUNICE MONUMENT GRBG SA TD 3808', PBD 3798', PERFS 3612-3788'

PROPOSE TO TA GRBG SA BY SETTING CIBP AT 3640' ABOVE TOP CURRENT GRAYBURG PERF AT 3643', PRESSURE TEST, RECOMPLETE TO EUMONT YATES/SEVEN RIVERS/QUEEN WITHIN INTERVAL 2576-3640', AND STIMULATE.

TOP OF GRAYBURG IN THIS WELL IS AT 3640' ON SCHLUMBERGER'S 5-12-73 SIDEWALL NEUTRON POROSITY LOG

FILED TO REVISE C-101 DATED 10/01/92.

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 D. Cogburn TITLE Operations Coordinator DATE 11/16/92
TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. (505) 391-1600

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 18 '92

RECEIVED

NOV 17 1992

GAO HOSB'S OFFICE