

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-4-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> 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"/>		8. Farm or Lease Name Langley Greer Com.	
2. Name of Operator Atlantic Richfield Company		9. Well No. 1	
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240		10. Field <del>NOT INDICATED</del> Langley Ellenburger Gas	
4. Location of Well UNIT LETTER <u>F</u> LOCATED <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>21</u> TWP. <u>22S</u> RGE. <u>36E</u> NMMPM		12. County Lea	
19. Proposed Depth 15,650'		19A. Formation Ellenburger Gas	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 3525.7' GR	
21A. Kind & Status Plug. Bond GCA #8		21B. Drilling Contractor A.W. Thompson, Inc.	
22. Approx. Date Work will start 9/20/78			

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	30" conductor		30'	Redi-mix	Surface
17-1/2"	13-3/8" OD	54.5# K-55	1400'	1335	Surface
12-1/4"	9-5/8" OD	36# K-55 & S-80	6200'	1635	Surface
8-3/4"	7" OD	29# SS95	1020'		
		26# SS 95	3160'		
		23# SS95	8160'		
		26# SS95	13,720'		
		29# SS95	15,650'	1200	6000' FS

Blowout Preventer Program attached.

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.

Signed [Signature] Title Dist. Drlg. Supt. Date 9/6/78

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE SEP 11 1978

CONDITIONS OF APPROVAL, IF ANY: