## 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

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

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

API NO. (assigned by OCD on New Wells) 30-025-26146

DISTRICT II P.O. Drawer DD, Artesia, NM 88210							5. Indicate 7	ype of Lease ST	ATE XX	FEE	
	STRICT III 20 Rio Brazos Rd., Azte	6. State Oil & Gas Lease No. 157									
	APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK										
la.	. Type of Work:						7. Lease Name or Unit Agreement Name				
b.	DRILL Type of Well:	RE-ENTE	R DEEPEN	PLU	G BACK XX	]	STATE	157 D			
	MET AET E	у опнеж	\$100 2000	X	MULTELE ZONE						
2.	Name of Operator ARCO OIL	AND GAS COMPA	NY				8. Well No.				
3.	Address of Operator P.O. 1710 HOBBS N.M.						9. Pool name or Wildest EUMONT YATES 7RQ				
4.	Well Location Unit Letter P	: <u>660</u> Foot	From The SOUTH		Line and 33	0	Feet 1	From The _	EAST	Line	
<i>77,</i>	Section 12	Town	nship 22S	Range 3	6E	N /////	MPM LEA			County	
			10. Proposed D	ep <b>t</b> h			rmation UEEN		12. Rotary or C	<i>//////</i> Ст.	
13.	Elevations (Show whether 3444 GR	er DF, RT, GR, etc.)	14. Kind & Status Plug. Bo BLANKET	20d 15	5. Drilling Cont NA	tractor			Date Work will 1993	start	
17. PROPOSED CASING AND CEMENT PROGRAM											
	SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOO	OT SE	TTING DEP	TH	SACKS OF	CEMENT	EST.	TOP	
		9 5/8	40#		220		650	)	CIRC		
		5 1/2	15.5#	6	793		219	0 .	CIRC		
		<del></del>	<del></del>	L	<del></del>						

TD 6800, PBD 6741, PERFS 6490-6611

PROPOSE TO ABANDON DRINKARD W/CIBP & CMT, RECOMPLETE IN EUMONT YATES 7RQ WITHIN INTERVAL 2654-3543, AND STIMULATE

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR FILID 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 know	wledge and belief.								
SIGNATURE SIGNATURE	me Operation Coordinator	DATE <u>5-26-93</u>							
TYPE OR PHINT NAME James Cogburn		TELÉPHONE NO. 391-1621							
(This space for State Line)  ORIGINAL SIGNED BY JERRY SER 1988									
DISTRICT 1 SUPERVISOR		MAY 28 1993							
APPROVED BY	mnz	DATE							

received May 2 6 1993

OCD HOBBS OFFICE