			-	9	/
NO. OF COPIES RECEIVED					and the second
DISTRIBUTION	NEW MEXICO OIL CONS	ERVATION COMMISSIO		Form C-101	_
SANTA FE				Revised 1-1-6	
FILE					Type of Lease
U.S.G.S.				STATE	FEE
LAND OFFICE				5. State Oil a	Gas Lease No.
OPERATOR					
				///////	
APPLICATION FOR	PERMIT TO DRILL, DEEPEN	, OR PLUG BACK			
1a. Type of Work				7. Unit Agree	ement Name
		PLUC			
b. Type of Well				8. Farm or Le	ease Name
OIL GAS WELL X	OTHER	SINGLE MU	ZONE X	Langley	Boren Com.
2. Name of Operator				9. Well No.	
Atlantic Richfield Con	npany				1
3. Address of Operator				10. Field any	Pool, or Wildcat Langley
P.O. Box 1710, Hobbs,	New Mexico 88240		ل مشا	and the second	Ellenburger
	H LOCATED 1780	FEET FROM THE Nort	h Line	<u>IIIIII</u>	
UNIT LETTER					///////////////////////////////////////
AND 660 FEET FROM THE	East Line of sec. 20	TWP. 22S RGE.	Збе ымры	//////	
				12. County	
				Lea	
//////////////////////////////////////			IIIIII	<u>IIIII</u>	
			///////		
*******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19. Proposed Depth	E11enburg	er Gas	20. Rotary or C.T.
			Devonian		Rotary
21. Elevations (Show whether DF, RT, etc.) 21A. Kind & Status Plug. Bond	21B. Drilling Contractor		22. Approx.	. Date Work will start
3547.4' GR	GCA #8	A. W. Thompson,	Inc.	1	L-2-79
23.		· · · · · · · · · · · · · · · · · ·			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. T	OP
30''	20" Conductor	Pipe	30'	Redi-Mix	Surf.	
$17\frac{1}{2}''$	13-3/8" OD	54.5# K-55	1,400'	1185	Circ. to	Surf.
121''	9-5/8" OD	36# K-55&S-80	6,200'	3600	Circ. to	Surf.
8-3/4"	7" OD	29# SS95	1,020'	.		
•		26# SS95	3,160'			
		23# SS95	8,160'			
	4	26# SS95	13,720'			
		29# SS95	15,600'	1125	6000' FS	5

Drill a development well to the Devonian and Ellenburger Gas zones, complete as a dual Gas/ Gas well.

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 PRODUC-TIVE ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and con Signed		Dist. Drlg. St		Date 12-15-78
(This space for State Use)	TITLE	SUPERVISOR L	DISTRICT I	DEC 1 8 1978
CONDITIONS OF APPROVAL, IF ANY:	,_			