

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 Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)

30-025-26628

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

157

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 ☐

7. Lease Name or Unit Agreement Name

State 157 D

2. Name of Operator

ARCO Oil and Gas Company

8. Well No.

15

3. Address of Operator

P.O. Box 1710 - Hobbs, NM 88241-1710

9. Pool name or Wildcat

Eumont Yates 7RQ G9

4. Well Location

Unit Letter M : 660 Feet From The South Line and 940 Feet From The West Line

Section 12 Township 22S Range 36E NMPM Lea County

10. Proposed Depth

6800

11. Formation

Queen

12. Rotary or C.T.

NA

13. Elevations (Show whether DF, RT, GR, etc.)

3497.1' GR

14. Kind & Status Plug. Bond

Statewide Blanket

15. Drilling Contractor

NA

16. Approx. Date Work will start

11/01/92

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	9-5/8"	36	1218	550	Surf
	5-1/2"	15.5	6800	3810	250 CBL

Current Drinkard TD 6800', PBD 6742', Perfs 6619-6688'

Propose to P&A Drinkard by setting CIBP w/ 35' cmt within 100' of top perf, pressure test, recomplete in Eumont Queen within interval 2780' to 3747', and stimulate.

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 10/01/92

TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. (505) 391-1600

(This space for State Use)

Orig. Signed by
Paul Knutz
Geologist

APPROVED BY _____ TITLE _____ DATE OCT 05 '92

CONDITIONS OF APPROVAL, IF ANY:

allowable subject to approval of NSL
NSL - 3192