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# NEW MEXICO OIL CONSERVATION COMMISSION

30-025-26628

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. 157
7. Unit Agreement Name
8. Farm or Lease Name State 157 "D"
9. Well No. 15
10. Field and Pool, or Wildcat Drinkard
12. County Lea
19. Proposed Depth 6800'
19A. Formation Drinkard
20. Rotary or C.T. Rotary
21. Elevations (Show whether DR, RT, etc.) 3497.1' GR
21A. Kind & Status Plug. Bond GCA #8
21B. Drilling Contractor Hondo Drlg. Co.
22. Approx. Date Work will start 1/14/80

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>					
2. Name of Operator ARCO Oil and Gas Company Division of Atlantic Richfield Company					
3. Address of Operator Box 1710, Hobbs, New Mexico 88240					
4. Location of Well UNIT LETTER M LOCATED 660 FEET FROM THE South LINE AND 940 FEET FROM THE West LINE OF SEC. 12 TWP. 22S RGE. 36E NMPM					
23.					

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	9-5/8" OD	36# K-55	1400'	675	Circ to surf
8-3/4"	7" OD	23# K-55	5500'	1275	Circ to surf
6 1/4"	5" OD	14.85# C-75	5000-6800'	250	5000'

Note: If no loss of circulation occurs from 1220-4000' then 5 1/2" OD 15.5# K-55 csg will be run from surface to 6800' instead of the 7" OD csg & 5" OD liner.

Propose to drill this well as a single Drinkard test to develop and recover remaining Drinkard oil reserves.

Proposed 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 1/9/80

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE 1/9/80

CONDITIONS OF APPROVAL, IF ANY: