NO. OF COPIES RECEIVED							
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION				Form C-101		
SANTA FE	<u></u>			, F	Revised 1-1-6		
FILE				1		Type of Lease	
u.s.g.s.		-			STATE X		
LAND OFFICE				ľ		& Gas Lease No.	
OPERATOR				ļ	-B	1511	
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK						7. Unit Agreement Name	
la. Type of Work				1	/. Unit Agree	ement Name	
DRILL		DEEPEN	PLUG B	ACK 🗓	8. Form or L	oggo Namo	
b. Type of Well			unere 🗀 wurt	IPLE [-		
OIL GAS X	OTHER		ZONE X MULT	ONE	State	176	
2. Name of Operator					9. Well No.		
Atlantic Richfield	Company				4	d Deel or Wildoot	
3. Address of Operator					10. Field and Pool, or Wildcat		
Box 1710, Hobbs, N					Eumont Y	ates 7Rivers	
4. Location of Well UNIT LETTER	R G LOCA	1650 FE	ET FROM THE North	LINE			
AND 2310 FEET FROM	THE East LINE	e of sec. 19	P. 21S RGE. 361	NMPM	12. County	<i>m) </i>	
					_		
	411111111	<i>111111111</i>	<i>HHHHHH</i>	HHH	Lea	HHHHhm	
	411111111111	/////////////////////////////////////), Proposed Depth 19	A. Formation		20. Rotary or C.T.	
		111111111111111111111111111111111111111					
				Sumont C		Workover Rig	
21. Elevations (Show whether DF,			21B. Drilling Contractor Not selected		5/9/77		
3645 GR	GCA #8)	Not selected		1 3/3/1		
23.	P	ROPOSED CASING AND	CEMENT PROGRAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT		EST. TOP	
19-5/8"	15-1/2" OD	70# LW	264'	325			
11-1/2"	9-5/8" OD	36# SS	2980'	500			
8-3/4"	7" OD	24# SS	3879'	300			
· ·	i .		1	•		•	
Propose to recompl	ete this well f	rom Eumont Oil	to the Eumont (Gas zone	in the	following	
manner:							
 Rig up, install 							
2. Perf Eumont Gas	zone w/l JS @	3086, 3112, 43,	73, 79, 3201,	16, 22,	3235, 4	1, 55, 65, 83,	
89, 3303, 09, 5	8, 62, 3510, 18	3, 44, 54, 35 7 2,	, 76, 3670, 75,	3716, 2	3, 33,39	9, 49 (31 holes)	
3. Set trtg pkr @							
4. Acidize perfs 3							
5. Frac $w/20,000 g$			CO_2 , 40,500# so	i.			
Flow back load,							
7. Run completion	assy & test for	production.					
	a ·		•				
			•			tu	
		PROPERTY	a brue aler ette cate	DDFSFMT PR	001167146 704	E AND PROPOSED NEW PRODUC	
IN ABOVE SPACE DESCRIBE PR	LOPOSED PROGRAM: IF ER PROGRAM, IF ANY.	PROPOSAL IS TO DEEPEN OF	R PLUE BALK, GIVE DATA OF	. rnesent PN			
I hereby certify that the informati	on above is true and com	plete to the best of my ke	nowledge and belief.				

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed

Title Dist. Drlg. Supt.

Title Dist. Drlg. Supt.

Date 5/9/77

Title Dist. Drlg. Supt.

On Dist. Drlg. Supt.

Date 5/9/77

Circulation in Manhaman