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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Ollie J. Boyd	
2. Name of Operator Atlantic Richfield Company		9. Well No. 2	
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240		10. Field and Pool, or Wildcat Tubb Gas	
4. Location of Well UNIT LETTER <u>D</u> LOCATED <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>400</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>23</u> TWP. <u>22S</u> RGE. <u>37E</u> NMPM		12. County Lea	
19. Proposed Depth		19A. Formation Blinebry Gas	20. Rotary or C.T. Workover Rig
21. Elevations (Show whether DF, RT, etc.) 3349' DF	21A. Kind & Status Plug. Bond GCA #8	21B. Drilling Contractor Not selected	22. Approx. Date Work will start 5750'

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
No change in existing casing					

Propose to recompleate this well to the Blinebry Gas zone. Application to OCC has been made to simultaneously dedicate two wells, the O.J. Boyd #2 & #4 to a previously approved 160 acre Gas Unit and approval for an unorthodox location for this well. Recompletion to be performed in the following manner:

1. Rig up, perforate Blinebry Gas zone w/1 JSPF @ 5368, 72, 95, 5405, 19, 27, 36, 43, 48, 74, 5512, 26, 29, 80, 89, 98, 5605, 22, 27, 56, 69, 80'.
2. Acidize w/3000 gals. Swab test.
3. Frac w/30,000 gals BW, 9000# CO₂, 46,000# sand.
4. Flow back, CO sd & put on production.

Note: Intention to P&A Tubb Gas submitted separately on Form C-103.

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 4/26/77

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 4/26/77

CONDITIONS OF APPROVAL, IF ANY: