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NEW MEXICO OIL CONSERVATION COMMISSION

30-025-26545

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE ☐ FEE ☒

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input checked="" type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator ARCO Oil and Gas Company Division of Atlantic Richfield Company		8. Firm or Lease Name Langley Griffin Com.	
3. Address of Operator Box 1710, Hobbs, New Mexico 88240		9. Well No. 1	
4. Location of Well UNIT LETTER J LOCATED 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE OF SEC. 28 TWP. 22S RGE. 36E NMPM		10. Name of Operator Langley Ellenburger Devonian Gas	
11. County Lea		12. Proposed Depth 16,000'	
13. Formation Ellenburger Devonian		14. Rotary or C.T. Rotary	
15. Elevations (Show whether DF, RT, etc.) 3488.4' GR		16. Kind & Status Plug. Bond GCA #8	
17. Drilling Contractor Not selected		18. Approx. Date Work will start 11/15/79	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17½"	13-3/8" OD	54.5# K-55	1400'	1200	Circ cmt
12¼"	9-5/8" OD	36# K-55 S-80	6200'	1400	Circ cmt
8-3/4"	7" OD	29# SS-95	1020'		
		26# SS-95	3160'		
		23# SS-95	8160'		
		26# SS-95	13720'		
		29# SS-95	16000'		
				1675	6100'
				Cmt to be 2-staged thru DV tool.	

Propose to drill a development well to test the Ellenburger and Devonian Gas zones.
Gas dedicated.

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 11/7/79

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT I DATE NOV 9 1979

CONDITIONS OF APPROVAL, IF ANY: