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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease: STATE [X] FEE [ ]

5. State Oil & Gas Lease No.: 157

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: DRILL [X] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Unit Agreement Name:

8. Farm or Lease Name: State 157 "F"

2. Name of Operator: ARCO Oil and Gas Company
Division of Atlantic Richfield Company

9. Well No.: 4

3. Address of Operator: P. O. Box 1710, Hobbs, New Mexico 88240

10. Field and Pool, or Wildcat: Jalmat Yates 7Rivers

4. Location of Well: UNIT LETTER B LOCATED 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE OF SEC. 17 TWP. 23S RGE. 36E NMPM

12. County: Lea

19. Proposed Depth: 3750'

19A. Formation: Yates 7Rivers

20. Rotary or C.T.: Rotary

21. Elevations (Show whether DF, RT, etc.): 3485.9' GL

21A. Kind & Status Plug. Bond: GCA #8

21B. Drilling Contractor: Not selected

22. Approx. Date Work will start: 6/25/82

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17½"	14" OD	Conductor Pipe	30'	2 yds Redi-mix	Circ to surf
12¼"	8-5/8" OD	24# K-55	400'	325	Circ to surf
7-7/8"	4½" OD	10.5# K-55	3750'	1750	Circ to surf

Propose to drill a development well and test the producing capabilities of the Yates 7Rivers oil.

Gas dedicated.
Blowout Preventer Program attached.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 12/18/82
UNLESS DRILLING UNDERWAY

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 Elizabeth S. Bush Title Drilling Engineer Date 6/14/82

(This space for State Use)
Orig. Signed by
Les Clements
Oil & Gas Insp.

APPROVED BY _____ TITLE _____ DATE JUN 18 1982

CONDITIONS OF APPROVAL, IF ANY: