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LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease
STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-1506

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
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"/>		Seven Rivers Queen	
2. Name of Operator ARCO Oil and Gas Company Division of Atlantic Richfield Company		8. Farm or Lease Name Seven Rivers Queen Unit	
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240		9. Well No. 66	
4. Location of Well UNIT LETTER <u>C</u> LOCATED <u>100</u> FEET FROM THE <u>North</u> LINE AND <u>1450</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>3</u> TWP. <u>23S</u> RGE. <u>36E</u> NMPM		10. Field and Pool, or Wildcat Langlie Mattix 7R Qn	
11. County Lea		12. County Lea	
19. Proposed Depth 3900'		19A. Formation 7Rivers Queen	
20. Rotary or C.T. Rotary		21. Elevations (show whether DF, RT, etc.) 3491.9' GR	
21A. Kind & Status Plug. Bond GCA #8		21B. Drilling Contractor Not selected	
22. Approx. Date Work will start 4/1/85		23.	

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#	30'	3 yds Redi-mix	Surf.
12¼"	8-5/8" OD	24#	300'	175	Surf.
7-7/8"	5½" OD	15.5#	3900'	800	Surf.

Propose to drill an infill development oilwell to more efficiently drain the waterflood area. Unorthodox location is being submitted for administrative approval.

Blowout Preventer Program attached.

THIS WELL HAS BEEN PLACED IN THE POOL
DESCRIBED BELOW IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

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 Robert E. Balling Title Drlg. Engr. Date 3/19/85

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 22 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR 21 1985

OFFICE
HOLDS OFFICE