

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells)
30-025-30742

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER ☐
SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. Name of Operator

ARCO OIL AND GAS COMPANY

7. Lease Name or Unit Agreement Name

Seven Rivers Queen Unit

3. Address of Operator

Box 1610, Midland, Texas 79702

8. Well No.

76

9. Pool name or Wildcat

Eunice 7RQ, South

4. Well Location

Unit Letter G : 2575 Feet From The North Line and 1590 Feet From The East Line

Section 34 Township 22S Range 36E NMPM Lea County

10. Proposed Depth 3850 11. Formation 7RQ 12. Rotary or C.T. Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3510 GR

14. Kind & Status Plug. Bond

Statewide Blanket

15. Drilling Contractor

Tinsley & Sons, Inc

16. Approx. Date Work will start

12-20-89

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4	8 5/8	24	300	175	surface
7 7/8	5 1/2	15.5	3850	925	surface

NSL-2712

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.

SIGNATURE Ken W. Gosnell TITLE Engr. Tech. DATE 11-29-89

TYPE OR PRINT NAME Ken W. Gosnell 915/688-5672 TELEPHONE NO.

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

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 04 1989

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

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Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

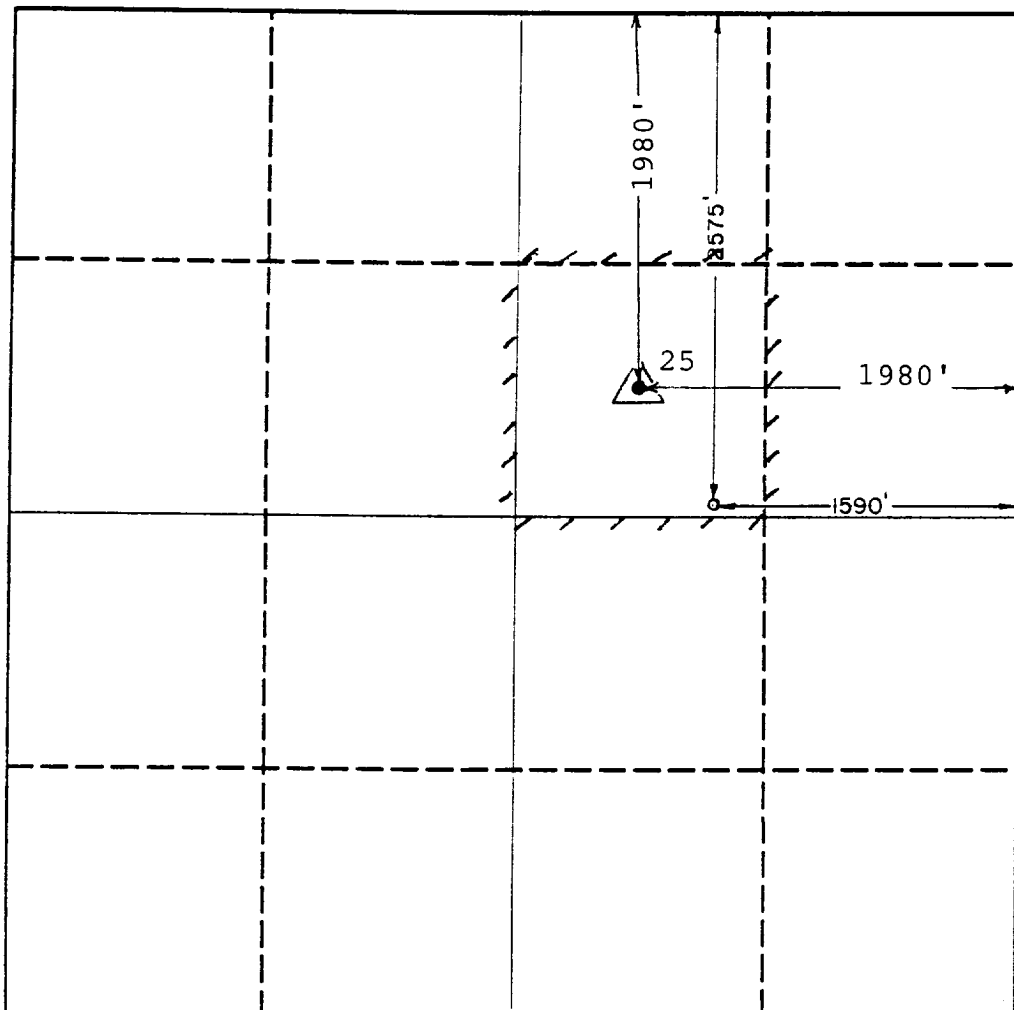
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator ARCO Oil & Gas Company			Lease Seven Rivers Queen Unit		Well No. 76
Unit Letter G	Section 34	Township 22 South	Range 36 East	County NMPM Lea	
Actual Footage Location of Well: 2575 feet from the North line and 1590 feet from the East line					
Ground level Elev. 3510.0	Producing Formation 7RQ		Pool Eunice 7RQ, South		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary). _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Ken W. Gosnell
Signature

Ken W. Gosnell

Printed Name

Engr. Tech

Position

ARCO oil & Gas Co.

Company

11-28-89

Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

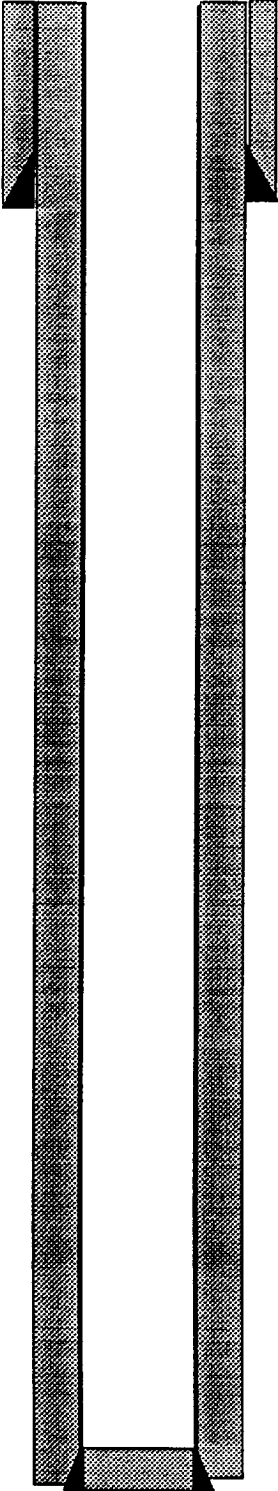
Date Surveyed

October 10, 1989

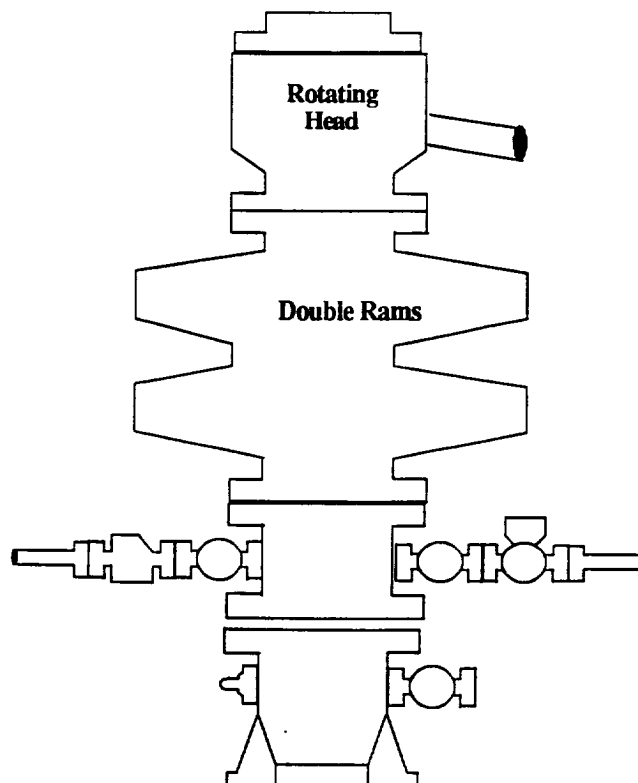
Signature & Seal of
Professional Surveyor

John W. West
Certified No. JOHN W. WEST, 1978
RONALD J. EIDSON, 1989
NEW MEXICO
JOHN W. WEST

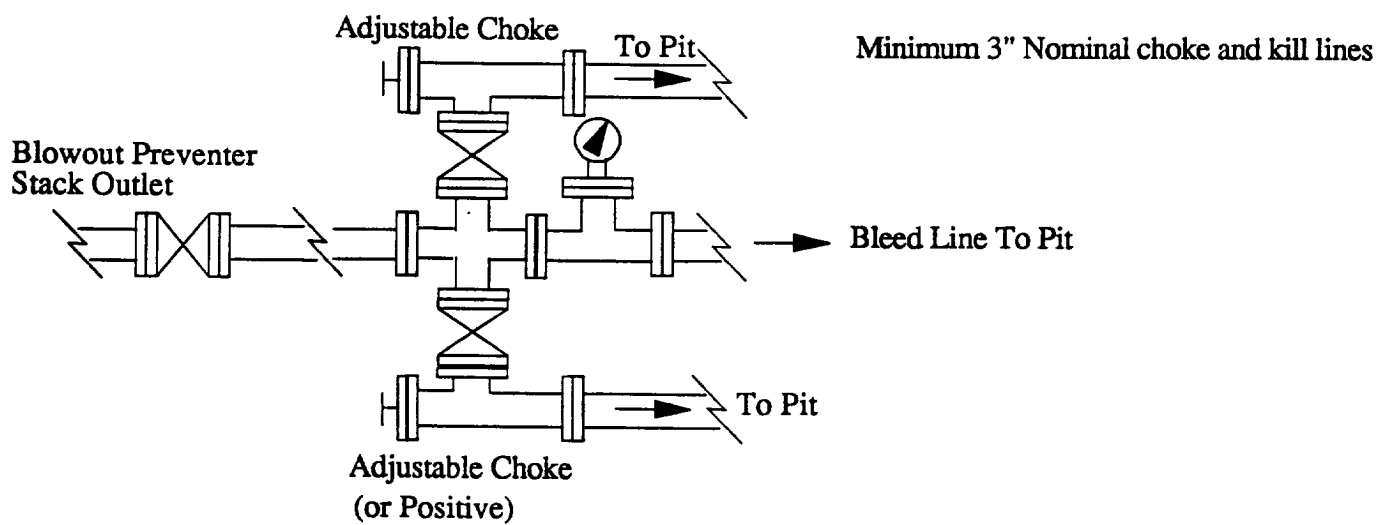
PROPOSED WELLBORE

	<u>Casing Points</u>	<u>Formation Tops</u>	<u>Mud</u>	<u>Problems</u>
	TOC Surface		0-300'	
	8-5/8" @ 300'		FW Spud Mud	
			<u>300-3600</u>	
			Brine Water	<u>Red Beds</u>
		Top Salt @ 1600		
				Deviation in salt section
		Base Salt @ 3000		
		Yates @ 3200		
		<u>QUEEN @ 3665'</u>	<u>3600'-TD</u>	
			BW w/ starch for WL control 10-15 cc	
	5-1/2" @ TD			

BOPE SCHEMATIC Minimum Requirement



Choke Manifold Requirement (3000 psi WP)



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DEC 1 1964

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