DISTRIBUTION	NE AEXICO OIL CONSERVATION COMMISSION		ON Fo	Form C-101 Revised 1-1-65		
ANTA FE			5	A. Indicate Ty		
ILE				STATE	FEE X	
.S.G.S.			- 5	State Oil & C	Gas Lease No.	
AND OFFICE				******	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
PERATOR						
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK				7. Unit Agreement Name		
Type of Work			_	/. Unit Agreem	en lame	
	DEEPEN	PLU	GBACK X	8. Farm or Lea	se Name	
DRILL		SINGIF	i i		9.77	
WELL SAS OTHE	• Oil/Gas Dual	ZONE ZONE		G. W. Tob	y Gas Hes	
Name of Operator					1	
Atlantic Richfield Company				10. Field and I	Pool, or Wildcat	
Address of Operator				Langlie Mattix 7R QN Jalmat Yates 7R Qn		
P. O. Box 1710, Hobbs, New	Mexico 88240			111111		
Location of Well UNIT LETTER P	LOCATED 660	FEET FROM THE	WILL LINE			
Fac	t LINE OF SEC. 12	TWP. 245 RGE.	BE NMAN		111111111111111111111111111111111111111	
660 FEET FROM THE Eas	viitiniitiitiitiinii			12. Jounty		
				Lea	HHHH	
<del>/////////////////////////////////////</del>						
					0. Rotary or C.T.	
<del>/////////////////////////////////////</del>		19. Proposed Depth	19A. Formation			
		3256' PB	Jalmat G	as Inprov	Workover Rig	
Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond			8/1/		
3323' GR	GCA #8	not selecte	<u> </u>	0/1/	, , , , , , , , , , , , , , , , , , , ,	
•	PROPOSED CASING A	ND CEMENT PROGRAM	4			
				CEMENT	EST. TOP	
	CASING WEIGHT PER FOO	JI SELLING DEP	THE SACKS OF			
No change in present casin	g in hole					
The Langlie Mattix zone in Mattix Unit #243) and is partial well. ARCo proposed the Jalmat Gas zone in the language Right well, instance 2. Set cmt retr @ 3240' at 3. Squeeze OH below retr wwoc.  4. Procedures to complete	to abandon the Langle following manner: all BOP, POH w/complove Langlie Mattix & w/200 sx Cl C cmt con	etty's plans a ie Mattix and assy. Run GR Jalmat zone.	Jalmat Yate -SNP log. CaCl. Rev	es 7R Qn	& plug back to	
		n or plug back, give D/	TA ON PRESENT PR	ODUCTIVE ZONE	AND PROPOSED NEW PRO	
NABOVE SPACE DESCRIBE PROPOSED PIVE ZONE, GIVE BLOWOUT PREVENTER PROGRAM hereby certify that the information above is igned.  (This space for State Use)		y knowledge and belief.		Date8/8	3/78	
hereby certify that the information above is igned.  (This space for State Use)	true and complete to the best of m	y knowledge and belief.		Date 8/8		