

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

OIL CONSERVATION DIVISION

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

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

API NO. (assigned by OCD on New Wells)
30-025-09567 ✓
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name G.W. TOBY WN GAS COM
8. Well No. 2
9. Pool name or Wildcat JALMAT T. YATES 7 RQ

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 & GAS COMPANY					
3. Address of Operator P. O. BOX 1710					
4. Well Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>13</u> Township <u>24 S</u> Range <u>36 E</u> NMPM LEA County					
10. Proposed Depth TD3853		11. Formation JALMAT		12. Rotary or C.T.	
13. Elevations (Show whether DF, RT, GR, etc.) 3318 GL		14. Kind & Status Plug. Bond STATE WIDE		15. Drilling Contractor NA	
16. Approx. Date Work will start 5/1/93					
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	13"	40#	229	250	SURFACE
	9 5/8"	36#	2845	500	1450'
	7	24#	3444	100	2750
LINER	4 1/2"	11.6	3153-3853	100	

CURRENT LANGLIE MATTIX TD 3853, PERFS 3521-3810

PROPOSE TO ABANDON LANGLIE MATTIX W/CIBP, RECOMPLETE TO JALMAT WITHIN INTERVAL 2988-3496 AND STIMULATE.

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 James D. Cogburn TITLE OPERATIONS COORDINATOR DATE 04/21/93
TYPE OR PRINT NAME JAMES D. COGBURN TELEPHONE NO. 505-391-1621

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NSP-1665 NSL 20

APR 23 1993