

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)<br>30-025-10802 ✓                                            |  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |  |
| 6. State Oil & Gas Lease No.                                                                        |  |
| 7. Lease Name or Unit Agreement Name<br>E. L. STEELER WN                                            |  |
| 8. Well No.<br>4                                                                                    |  |
| 9. Pool name or Wildcat<br>JALMAT T. YATES 7 R                                                      |  |

|                                                                                                                                                                                                                                                                                                                                                                                              |                |                                         |               |                               |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------|---------------|-------------------------------|----------|
| APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK                                                                                                                                                                                                                                                                                                                                        |                |                                         |               |                               |          |
| 1a. Type of Work:<br>b. Type of Well: DRILL <input type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/><br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/> |                |                                         |               |                               |          |
| 2. Name of Operator<br>ARCO OIL & GAS COMPANY                                                                                                                                                                                                                                                                                                                                                |                |                                         |               |                               |          |
| 3. Address of Operator<br>P. O. BOX 1710 HOBBS, NEW MEXICO 88240                                                                                                                                                                                                                                                                                                                             |                |                                         |               |                               |          |
| 4. Well Location<br>Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line<br>Section 19 Township 23 S Range 37 E NMPM LEA County                                                                                                                                                                                                                                      |                |                                         |               |                               |          |
| 10. Proposed Depth<br>3595                                                                                                                                                                                                                                                                                                                                                                   |                | 11. Formation<br>JALMAT                 |               | 12. Rotary or C.T.            |          |
| 13. Elevations (Show whether DF, RT, GR, etc.)<br>3324.4 GR                                                                                                                                                                                                                                                                                                                                  |                | 14. Kind & Status Plug. Bond<br>BLANKET |               | 15. Drilling Contractor<br>NA |          |
| 16. Approx. Date Work will start<br>05/01/93                                                                                                                                                                                                                                                                                                                                                 |                |                                         |               |                               |          |
| 17. PROPOSED CASING AND CEMENT PROGRAM                                                                                                                                                                                                                                                                                                                                                       |                |                                         |               |                               |          |
| SIZE OF HOLE                                                                                                                                                                                                                                                                                                                                                                                 | SIZE OF CASING | WEIGHT PER FOOT                         | SETTING DEPTH | SACKS OF CEMENT               | EST. TOP |
|                                                                                                                                                                                                                                                                                                                                                                                              | 8 5/8          | 24                                      | 1192          | 450                           | CIRC     |
|                                                                                                                                                                                                                                                                                                                                                                                              | 5 1/2          | 15.5                                    | 3594          | 500                           | 547      |

CURRENT LANGLIE MATTIX, TD 3595, PERFS 3393-3582

OKK  
PROPOSE TO ABANDON LANGLIE MATTIX W/CIBP, RECOMPLETE TO JALMAT  
WITHIN INTERVAL 2612-3360 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  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 APR 23 1993

CONDITIONS OF APPROVAL, IF ANY: