

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)  
30-025-26882

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 ☒

1b. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

SINGLE  
ZONE ☐

MULTIPLE  
ZONE ☐

7. Lease Name or Unit Agreement Name

FREDERICK H. CURRY WN

2. Name of Operator

ARCO OIL AND GAS COMPANY

8. Well No.

4

3. Address of Operator

P.O. 1710 HOBBS N.M.

9. Pool name or Wildcat

JALMAT T. YATES 7 R

4. Well Location

Unit Letter

K

: 1980

Feet From The SOUTH

Line and 1980

Feet From The WEST

Line

Section

1

Township

24S

Range

36E

NMPM

LEA

County

10. Proposed Depth  
3750

11. Formation  
YATES

12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)  
3355.4 GR

14. Kind & Status Plug Bond  
BLANKET

15. Drilling Contractor

16. Approx. Date Work will start

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              | 1160          | 650             | SURF     |
|              | 5 1/2          | 15.5            | 3750          | 1100            | SURF     |
|              |                |                 |               |                 |          |

TD 3750, PBD 3730, PERFS 3451-3707

PROPOSE TO ABANDON LANGLEIE MATTIX ZONE W/CIBP,

RECOMPLETE IN JALMAT WITHIN INTERVAL 2775-3422, 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

OPERATION COORDINATOR

DATE

8-5-93

TYPE OR PRINT NAME JAMES COGBURN

TELEPHONE NO. 391-1621

(This space for State Use)

Orig. Signed by  
Paul Kautz  
Geologist

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 10 1993