

30-025-26882

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	
SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	
2. Name of Operator ARCO Oil & Gas Company Division of Atlantic Richfield Company	
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	
4. Location of Well UNIT LETTER <u>K</u> LOCATED <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>1</u> TWP. <u>24S</u> RGE. <u>36E</u> NMPM	
5. Proposed Depth <u>3750'</u>	
6. Formation <u>Seven Rivers Qn</u>	
7. Rotary or C.T. <u>Rotary</u>	
8. Elevations (Show whether DF, RT, etc.) <u>3355.4 GL</u>	
9. Kind & Status Plug. Bond <u>GCA #8</u>	
10. Drilling Contractor <u>Hillin Drlg Co.</u>	
11. Approx. Date Work will start <u>6/24/80</u>	

7. Unit Agreement Name
8. Farm or Lease Name <u>Frederick H. Curry WN</u>
9. Well No. <u>4</u>
10. Field and Pool, or Wildcat <u>Langlie Mattix 7 R Qn</u>
12. County <u>Lea</u>

23. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8" OD	24# K-55	1200'	1025	Circ to surf
7-7/8"	5 1/2" OD	15.5# K-55	3750'	1550	Circ to surf

Propose to drill a development well to test the producing capabilities of the Seven Rivers Queen Zone and recover the remaining reserves.

Blowout Preventer Program Attached.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES 9/17/80

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.
Signed [Signature] Title Dist. Drlg. Supt. Date 6/13/80

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE JUN 19 1980
CONDITIONS OF APPROVAL, IF ANY: