Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)
30-025-27102

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 ☒

b. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name
JOHN P. COMBEST WN

2. Name of Operator
ARCO OIL AND GAS COMPANY

8. Well No.
5

3. Address of Operator
P.O. 1710 HOBBS N.M. 88241

9. Pool name or Wildcat
JALMAT T. YATES 7 RVS Q

4. Well Location
Unit Letter I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 35 Township 23S Range 36E NMPM LEA County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
3900	JALMAT	

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3330.5 GR	BLANKET	NA	

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4	8 5/8	24	1004	650	CIRC
7 7/8	5 1/2	15.5	3900	1450	CIRC

TD 3900, PBD 3663, PERFS 3400-3638 (LANGLIE MATTIX)

PROPOSE TO ABANDON LANGLIE MATTIX 3400-3638 W/CIBP, PERFORATE JALMAT WITHIN INTERVAL 2900-3390, AND STIMULATE

RE: ADMINISTRATIVE ORDER NSL-3271 (SD)

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 [signature] TITLE OPERATIONS COORDINATOR DATE 8-30-93

TYPE OR PRINT NAME JAMES COGBURN TELEPHONE NO. 391-1621

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 01 1993

CONDITIONS OF APPROVAL, IF ANY: