

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

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

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

API NO. (assigned by OCD on New Wells)
30-025-27249
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: DRILL <input type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>	7. Lease Name or Unit Agreement Name Frederick H. Curry WN
b. Type of Well: 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"/>	8. Well No. 6
2. Name of Operator ARCO Oil and Gas Company	9. Pool name or Wildcat Jalmat T. Yates SRQ
3. Address of Operator P.O. Box 1710 - Hobbs, New Mexico 88241-1710	
4. Well Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>1</u> Township <u>24S</u> Range <u>36E</u> NMPM <u>Lea</u> County	

10. Proposed Depth 3747	11. Formation Queen	12. Rotary or C.T. NA	
13. Elevations (Show whether DF, RT, GR, etc.) 3356.9 GR	14. Kind & Status Plug. Bond Statewide Blanket	15. Drilling Contractor NA	16. Approx. Date Work will start 4th Quarter 1992

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	1110	650	Circ
	5-1/2"	15.5	3747	1410	Circ

Current Langlie Mattix SRQ GB TD 3747', PBD 3688', Perfs 3417-3688'

Propose to P&A Langlie Mattix w/CIBP, pressure test, recomple to Jalmat within interval 2762 to 3412' 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 10/27/92
TYPE OR PRINT NAME James D. Cogburn (505) TELEPHONE NO. 391-1600

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE DEC 03 '92

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR RECOMPELTION WORK ONLY--PRODUCTION FROM JALMAT GAS SUBJECT TO APPROVAL OF NSL.