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DISTRIBUTION	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION				Form C-101 Revised 1-1-65		
SANTA FE				Es.	A. Indicate T	ype of Lease	
FILE					STATE X		
U.S.G.S.				5	State Oil &	Gas Lease No.	
LAND OFFICE					B-11	1	
OPERATOR					în î	mmmm	
				Ŕ			
APPLICATION	FOR PER	RMIT TO DRILL, DEEPEN,	OR PLUG BACK		7. Unit Agreement Name		
1a. Type of Work				ľ	. Onte Agreen		
			PLUG		, Farm or Lea	ise Name	
b. Type of Well					State		
VIL X GAS WELL	OTHE	R	SINGLE X MU	ZONE L			
2. Name of Operator				Ģ	Well No.		
V Atlantic Richfield	l Compan	У			10		
3. Address of Operator					10. Field and Pool, or Wildcat		
P. O. Box 1710, Ho	hhs Ne	w Mexico 88240			Justis Fusselman		
			Nor	th LINE	<u>IIIIII</u>		
4. Location of Well UNIT LETTER	<u> </u>	LOCATED 2310	FEET FROM THE NOT		///////		
		95	TWP. 255 RGE. 3	7E NMPM	///////		
AND 990 FEET FROM T	THE East	LINE OF SEC. 25	$\frac{1}{100}$ $\frac{255}{100}$ RGE. 3	VIIIII	12. County	Million .	
					Lea		
	//////		444444444	HHHHH	11/1/11	tttttttttt	
	(IIIII)			MMM			
	111111			13A. Formation	77777	20. Rotary or C.T.	
	IIIII		19. Proposed Depth				
	//////		6990'	Justis Mo	ontoya	W.O. Rig	
21. Elevations (Show whether UF,	RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor		•	Date Work will start	
3059.2' GR		GCA #8	Not Selected		2-2	0-79	
23. PROPOSED CASING AND CEMENT RECORASE IN HOLE							

·	CITE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	13-3/8" OD	54.5#	505'	470	Circ to surf
17-1/2"	9-5/8" OD	36#	3350'	518	Circ to surf
<u>12-1/4''</u> <u>8-3/4''</u>	7" OD	20, 23, 26#	7510'	600	4200'
8-3/4					1

Recomplete to Montoya in following manner:

1. RIH w/bit & DO cmt, cmt retr @ 6913', 20' cmt @ 6970' & CIBP @ 6990', swab test Montoya.

2. Acidize w/low quality foam acid.

3. RIH w/Completion assy, test & return to production.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC-TIVE ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and c Signed	TitleDist. Drlg. Supt	Date 2-16-79
(This space for State Use)	SUPERVISOR DISTRICT	FEB 22 1979
CONDITIONS OF APPROVAL, IF ANY:		

Read T.D 1.3671979 OIL COST ANY ALL DE COMM.



ATLANTIC RICHFIELD COMPANY Blow Out Preventer Program

Lerse 'Name State "Y"

Well No.

Location Unit Letter H, 2310 FNL & 990 FEL, Section 25, T25S, R37E

10

BOP to be tested before installed on well and will be maintained in good working condition during drilling. All wellhead fittings to be of sufficient pressure to operate in a safe manner.

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