

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

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

OIL CONSERVATION DIVISION

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

API NO. (assigned by OCD on New Wells)
30-025-31983
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 ☐		7. Lease Name or Unit Agreement Name South Justis Unit "F"			
b. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐		8. Well No. 170			
2. Name of Operator ARCO OIL AND GAS COMPANY		9. Pool name or Wildcat Justis Blinbry-Tubb-Drinkard			
3. Address of Operator Box 1610, Midland, Texas 79702					
4. Well Location Unit Letter <u>K</u> : <u>2250</u> Feet From The <u>South</u> Line and <u>1365</u> Feet From The <u>West</u> Line Section <u>13</u> Township <u>25S</u> Range <u>37E</u> NMPM Lea County					
10. Proposed Depth 6200		11. Formation Blbry-Tubb-Dkrd			
12. Rotary or C.T. Rotary					
13. Elevations (Show whether DF, RT, GR, etc.) 3081 GR		14. Kind & Status Plug. Bond Statewide			
15. Drilling Contractor Grace Drlg. Co.		16. Approx. Date Work will start 6-21-93			
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	1000	600	Surf
7-7/8	4-1/2	10.5	6200	1200	Surf

R-9747

Amended R-9747

Permit Expires 6 Months From Approval
Date Unless Drilling Underway

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 Ken W. Gosnell TITLE Regulatory Coordinator DATE 5-21-93

TYPE OR PRINT NAME Ken W. Gosnell 915/688-5672 TELEPHONE NO.

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 28 1993

RECEIVED

MAY 26 1993

OCB HOBBS OFFICE