

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)
30-025-11032 ✓

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

JIM CAMP WN

2. Name of Operator

ARCO OIL & GAS COMPANY

8. Well No.

3

3. Address of Operator

P. O. BOX 1710

HOBBS, NM 88240

9. Pool name or Wildcat

JALMAT T. YATES 7 RQ

4. Well Location

Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line

Section 6 Township 24 S Range 37 E NMPM LEA County

10. Proposed Depth
3578

11. Formation
QUEEN

12. Rotary or C.T.
NA

13. Elevations (Show whether DF, RT, GR, etc.)
3329 KB

14. Kind & Status Plug. Bond
BLANKET

15. Drilling Contractor
NA

16. Approx. Date Work will start
1993

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	12 3/4	40	30	25	
	8 5/8	24.7	1183	400	CIR SURF
	5 1/2	14	3451	400	1013

TD 3578, PBD 3547, OPEN HOLE 3451-3542

PROPOSE TO ABANDON LANGLIE MATTIX W/CIBP & CMT PLUG,

RECOMPLETE IN JALMAT WITHIN INTERVAL 2650 to 3372 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 02/11/93

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

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

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 12 1993