

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834
FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000
Lease Serial No.
NM-41646

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Texaco Exploration & Production

3a. Address
500 N. Loraine Midland, Texas 79702

3b. Phone No. (include area code)
(915) 688-4606

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
UNIT LETTER D, 909' FNL & 1186' FWL, SEC 25, T-26-S, R-29-E

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

ROSS DRAW '25' 1

FEDERAL COM

9. API Well No.

30-015-31575

10. Field and Pool, or Exploratory Area

ROSS DRAW, WOLFCAMP

11. County or Parish, State

EDDY NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input checked="" type="checkbox"/> Other <u>CASING &</u> |
| <input checked="" type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | <u>CEMENT PROGRAM</u> |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Water Disposal | |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

CHANGE CASING AND CEMENTING PROGRAM.

ATTACHED, PLEASE REFER TO NEW TUBULAR PROGRAM AND CEMENTING PROGRAM.

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

A. Phil Ryan

Title

Commission Coordinator

Date 3/15/01

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

(ORIG. SGD.) DAVID R. GLASS

PETROLEUM ENGINEER

Date

MAR 20 2001

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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BUREAU OF LAND MGMT.
ROSSELL OFFICE

PRELIMINARY DRILLING PROGRAM

Lease and Well No.

Ross Draw '25' No. 1

LAND INFORMATION

Distance to Nearest Lease Line

No. Acres in Lease

No. Acres Assigned to Well

Distance to Nearest Well

MUD PROGRAM

Depth	Type	Weight	Remarks
0-900'	Fresh Water	8.4	Circulate pits or reserve, visc. 30
900-3000'	Brine	10	Circulate reserves, Line pH 9, visc. 29
3000-11300'	Fresh Water	8.4	Starch / LCM for seepage as needed, visc. 29-40
11300-12500'	Weighted Brine/Polymer	12-14.2	Flowzan, Barite, BiCarb, Soda Ash, Starch system. Visc. 40, WL 10

TUBULAR PROGRAM

String Type	Hole Size	Depth	Feet	Casing Diameter	Weight	Grade	Connection Type	ERW/ Seamless	Critical Inspectn
Surface	17 1/2"	900	900	13 3/8"	48	H-40	STC	ERW	Drift
Inter. 1	12 1/4"	3000	3000	9 5/8"	36	J-55	STC	ERW	Drift
Inter. 2	8 1/2"	11300	11300	7"	29	C-95	LTC	ERW	Yes
Prod	5 7/8"	12500	1700	5"	18	C-95	FL-4S	ERW	Yes
Tubing		10800	10800	2 3/8"	4.7	N-80	AB-Mod	ERW	No

Note: Pipe to end up in hole from top to bottom as shown.

CEMENT PROGRAM

String Type	DV Depth	Stage Lead/Tail	Cement Bottom	Cement Top	No Sacks	Cement Type	Cement Yield	Cement Weight
Surface		Lead	600	0	600	"C" w/ gel	1.74	13.5
		Tail	900	600	390	"H"	1.34	14.8
		(Centralize bottom 3 joints plus every 4th to surface. Run float shoe only)						(150% Excess)
Inter. 1		Lead	2500	0	810	35/85 Poz	1.94	12.8
		Tail	3000	2500	270	"H"	1.18	15.6
		(Centralize bottom 3 joints. Run float shoe and insert float 1 joint up)						(100% Excess)
Inter. 2		1 Lead	10800	7000	710	50/50 Poz	1.35	14.2
		1 Tail	11300	10800	110	"H"	1.18	15.6
		(Centralize bottom 3 joints. Float shoe and collar 2 joints up. DV @ 7000' with ECP below)						(150% Excess)
	7000	2 Lead	6500	0	690	"H"	2.98	11.5
		2 Tail	7000	6500	120	50/50 Poz	1.35	14.2
		(Centralize above and below DV and place 2 baskets below DV.)						(150% Excess)
Production			12500	10800	160	Gas Block	1.09	16.4
								(100% Excess)

BOP PROGRAM

Hole Size	Exhibit	Pressure Rating
12 1/4"	Annular	2M
8 1/2"	Exhibit F-1	5M
5 7/8"	Exhibit G	10M

Remarks: Install H2S equipment from 900' to TD.

Mud Logger from 6,400' to TD

Wellbore interval (top at 11,500') possibly over pressured to 14.0 ppg.

Ensure casing point at 3000' is below salt section.

Prepared By:

B. D. Schaneman

Date: 2/15/01

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BUREAU OF LAND MGMT
ROSSELL OFFICE

ANTICIPATED DRILLING PROGRAM

Date 2/15/01

WBS Element DD/00.PB.2065.CAP.D

Cost Center 41601300

Field Ross Draw Wolfcamp

Lease and Well No. Ross Draw '25' No. 1

Surface Location 818' FNL & 1171' FWL, S25, T26S, R29E

Bottom Hole Location _____

Approved Total Depth	Estimated Cost	Dry Hole Cost	49.0 Days Drill	Dev. <input checked="" type="checkbox"/>
12,500 TVD	1,390,000	Cost Completion	20.0 Days Compl.	Res. <input type="checkbox"/>
12,500 MD	450,500	Cost	69.0 Days Total	OSWC <input type="checkbox"/>
2,944 GL ELEV	1,840,500	Total	100 % Tx. Int.	RWC <input type="checkbox"/>

ANTICIPATED FORMATION TOPS

Sand Name	TVD Expected	Press Grad. (psi/ft)	B H P	P. P.	G a u g e	F. L.	Equiv. Mud Wt.	Antcpd. Prod.	Antcpd. SITP
Top of Salt	1400								
Base of Salt Salt	3150								
Castille Anhydrite									
Delaware (Bell Cyn) Sand	3170?	Secondary Objective						Oil	
Manzaita Mkr Lime									
Brushy Canyon Sand									
Lower Brushy Canyon Sand									
Lower Brushy Canyon Sand									
Bone Spring Lime	6970?	Secondary Objective						Oil	
Wolfcamp Lime	9750								
Wolfcamp A ???	?	Primary Objective					14.0	???	
Wolfcamp B Lime	?	Primary Objective					14.0	???	
Wolfcamp C Lime	?	Primary Objective					14.0	???	
Total Depth	12500								

CASING AND CEMENTING DATA

SIZE		Depth																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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Prepared by: B. D. Schaneman Phone # 915-688-4640

Reviewed by: _____

Reviewed by: _____

Approved by: _____

BUREAU OF LAND MGMT.
ROSSELL OFFICE

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. L. Commission
811 S. 1st Street
Artesia, NM 88210-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT --" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well: ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
22351 TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. P.O. Box 3109, Midland Texas 79702 688-4606

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letter D : 909 Feet From The NORTH Line and 1186 Feet From The

WEST Line Section 25 Township 26-S Range 29-E

5. Well Name and Number
ROSS DRAW '25' FEDERAL COM

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number
ROSS DRAW '25' FEDERAL COM

9. API Well No.

10. Field and Pool, Exploratory Area
ROSS DRAW; WOLFCAMP

11. County or Parish, State
EDDY, NM

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

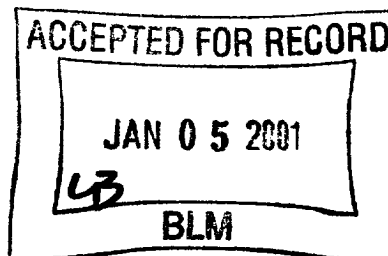
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ OTHER: CHANGE WELL NAME
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

THIS WELL NAME WAS ORIGINALLY SUBMITTED AS ROSS DRAW '25' #1.

PLEASE CHANGE WELL NAME TO ROSS DRAW '25' FEDERAL COM #1.



14. I hereby certify that the foregoing is true and correct.

SIGNATURE A. Phil Ryan TITLE Commission Coordinator DATE 12/5/00

TYPE OR PRINT NAME A. Phil Ryan

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.