Appropriate District Office

\*DASTRICT J

P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

OIL CONSERVE ON DIVISION

Santa Fe, New Mexico 87504-2088 DISTRICT III

RECE VED

1000 Rio Brazos Rd., Aztec, NM 87410  I.	REQUEST	FOR RANS	ALLOWAI SPORT OII	BLE AND LAND NA	AUTHORI TURAL G	IZATION:	7A 85	1 9 11			
Operator			010111011			Well	API No.	<del></del>			
Texaco Exploration and Pro	duction Inc.					30-	025-317	27			
Address											
P. O. Box 730 Hobbs, New Reason(s) for Filing (Check proper box)	w Mexico 882	240-2	528	X Ou	ner (Please expl	lain			<del></del>		
New Well	Chang	e in Trat	asporter of:		HANGE IN L	-	F TANKS I	OUE TO			
Recompletion	Oil		Gas 🗆		ONSTRUCTION						
Change in Operator	Casinghead Gas	`	ndensate [	E	FFECTIV	VE 1-1-	93				
If change of operator give name											
and address of previous operator											
II. DESCRIPTION OF WELL	<del></del>	· (5.	3 3 1 1 - 1 - 1	1 - 10 11 11 11 11 11		Via	of Lease	<del></del>			
Lease Name L. VAN ETTEN	Well N	- 1	ol Name, Includ SS PENN	ing roimation		State, Federal or Fee					
Location		104	OS PENN		<del></del> -	FEE					
Unit Letter K	. 1653	Fee	t From The SC	OUTH Lin	e and230	07 Fe	et From The	WEST	Line		
Section 9 Township	p 20-S	Ran	ge 37-	E ,N	МРМ,		LEA	····	County		
III. DESIGNATION OF TRAN			ND NATU								
Name of Authorized Transporter of Oil SHELL PIPELINE CORP.		densate			P.O. Box	2648 HOUS	STON, TEX	AS 77252			
Name of Authorized Transporter of Casing WARREN PETROLEUM COR		or I		e address to w P.O. Box 1							
If well produces oil or liquids, Unit Sec. Twp. Rge. is gas actually connected? When? give location of tanks. YES 11-16-92											
If this production is commingled with that i	from any other lease	or pool,	give comming	ling order num	ber:						
IV. COMPLETION DATA	Joil W	/ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		1		Total Depth	<u> </u>	1			<u> </u>		
Date Spudded	Date Compl. Read			P.B.T.D.							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Format	ion	Top Oil/Gas	Pay		Tubing Dept	h			
Perforations			· · · · · · · · · · · · · · · · · · ·	<b></b>	•		Depth Casin	g Shoe			
	TUBIN	G, CA	SING AND	CEMENTI	NG RECOR	D	<u> </u>				
HOLE SIZE	CASING &				DEPTH SET		S	ACKS CEME	ENT		
			· · · · · · · · · · · · · · · · · · ·								
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	ne of loa	d oil and must		exceed top allow thod (Flow, pu			or full 24 hour	<i>s.</i> )		
Date First 145 w Oil Rub 10 1stilk	Date of lest			r tongeng we	uios (1·10w, pa	<i>ω</i> ψ, gas 191, ε1					
Length of Test	Tubing Pressure			Casing Pressu	ire		Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL	I										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	sate/MMCF		Gravity of C	ondensate			
esting Method (pitot, back pr.)	Tubing Pressure (Si	rut-in)		Casing Pressu	re (Shut-in)		Choke Size				
VI. OPERATOR CERTIFICA					DIL CON	ISERVA	TION	DIVISIO	N		
I hereby certify that the rules and regular Division have been complied with and the is true and complete to the best of my kn	hat the information g	iven abo						_	·		
M+/)	· - · Br · · · · · · · · · · · · · · · · ·			Date ApprovedDEC 21'92							
Signature MONTE C. DUNCAN	EN.	GR. AS	ST.	By 7	Jest	soll	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
Printed Name 12-17-92	<del></del>	Title -393-		Title	918	STACT	I SUPER	VISOR			
Date		elephone									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

# Appropriate District Office Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Angella, MM 88210 DISTRICT III P.O. Drawer DD, Angella, MM 88210 DISTRICT III P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

P.O. Drawer DD, Angella, DM 88210 C	ED	Santa	P.O. B Fe, New M	iox 2088 fexico 8750	04-2088						
DISTRICT III	. 4	. 31	•								
1000 Rio Brazos Rd., Aztec, NM 87410	REQU		ALLOWA								
Operator	<del></del>	10 INAN	SPORT OI	L AND NA	TUHAL GA		API No.				
Texaco Exploration and Pro	duction	Inc.				30-	-025-317	27			
Address											
P. O. Box 730 Hobbs, Ne	w Mexico	o 88240-	2528		/D1 1						
Reason(s) for Filing (Check proper box) New Well		Change in Tr	insporter of		et (Please expl	iin)					
Recompletion	Oil		y Gas								
Change in Operator	Casinghea	ad Gas 🔲 Co	ondensate								
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name			ol Name, Includ	ing Formation			of Lease Federal or Fe	L	ease No.		
L. VAN ETTEN		13 C	ASS PENN			FEE.	reactal of re				
Location C 1652 SOUTH 2207 WEST											
Unit Letter K : 1653 Feet From The SOUTH Line and 2307 Feet From The WEST Line											
Section 9 Township 20-S Range 37-E , NMPM, LEA County											
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS							
Name of Authorized Transporter of Oil	X	or Condensate			e address to wh	ich approved	copy of this f	orm is to be se	int)		
SHELL PIPELINE CORP.					P.O. Box 2						
Name of Authorized Transporter of Casinghead Gas											
If well produces oil or liquids, give location of tanks.	Unit	S∞c.  Tv	/p.   Rge. OS   37E	is gas actually	y connected? YES	When	?	11-16-92			
If this production is commingled with that	from any oth			ling order numb				11-10-02	·		
IV. COMPLETION DATA	•										
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	ol. Ready to Pro		Total Depth	7075		P.B.T.D.				
9-24-92 Elevations (DF, RKB, RT, GR, etc.)	Name of P	11-16- roducing Forms		Top Oil/Gas F	7875'		Tubing Dept	7850			
GR-3541', KB-3555'		PENNSYLVA			7782		Tubing Dep	" 7798	3'		
Perforations	7782'_	7796'. DEN	INSYLVANIAI	<b>.</b>			Depth Casin	g Shoe 7875	,		
			SING AND		NG RECORI	<u></u>					
HOLE SIZE	<del></del>	SING & TUBIN		·	DEPTH SET		S	ACKS CEME	ENT		
14.75			.75	1	1150	),	900 SX, (CIRC 75 SX)				
11		8 9	5/8		4000	)'	1650 SX, (CIRC 150 SX)				
7 7/8		5	.5		7875	5'	1500 SX, (CIRC 185 SX)				
							DV	TOOL @ 4	<b>309</b> ,		
V. TEST DATA AND REQUES OIL WELL (Test must be after re				he equal to or	exceed top allo	unhle for this	denth or he f	or full 24 hour	1		
Date First New Oil Run To Tank	Date of Tes		da ou ana musi		thod (Flow, pu			or juli 24 hour	5.)		
10-30-92		11-19-92			PUMPING,						
Length of Test 24 HOURS	Tubing Pres	ssure		Casing Pressur	re		Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
719 GOR	<u> </u>	270			. 0			19	4		
GAS WELL								· · · · · · · · · · · · · · · · · · ·			
Actual Prod. Test - MCF/D	Length of T	(est		Bbis. Condens	ate/MMCF		Gravity of C	ondensate			
Testing Method (pitot, back pr.)	Tubing Pres	ssure (Shut-in)		Casing Pressur	re (Shut-in)		Choke Size				
VI. OPERATOR CERTIFICA	ATE OF	COMPI I	ANCE				L				
I hereby certify that the rules and regula				C	IL CON	SERVA	TION [	DIVISIO	N		
Division have been complied with and the	hat the inform	mation given at					MON	9 1 100			
is true and complete to the best of my k	nowledge an	u vellet.		Date Approved NOV 24 '92							
Whoth Canus											
Signature		ENOD 1	CCT	By_	wy	X JAR	loso				
MONTE C. DUNCAN Printed Name		ENGR. A	<del></del>			RTMAT	1 6000-	<b>.</b>			
11-23-92		505-393		Title_		-11401	1 SUPE	KVISOR			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Telephone No.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Date

# Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

# OIL CONSERVATION DIVISION P.O. Box 2088 OIL CONSERVATION DIVISION Santa Fe, New Mexico 87504-2000 P.O. Box 2088 OIL CONSERVATION DIVISION DIVISION At Bottom of Page DECLUED Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

AM	9	5
HIT	3	J

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQ	UEST F	OR AL	LOWA	BLE AND	AUTHOP	AMPIONI AMPIONI	e ma	57	
I. Operator		10 1H	ANSPO	OHTOI	L AND NA	TURALG		API No.		
Texaco Exploration and Pro	duction	Inc.					1	API No. -025–317:	27	
Address										
P. O. Box 730 Hobbs, Ne	w Mexic	0 8824	0-2528	3	<b>1</b> 22	<del></del>				
Reason(s) for Filing (Check proper box)		~	<b></b>		-	ner (Please expli	•			
New Well	O:	Change in				EQUEST TES				
Recompletion	Oil Casinghe		Dry Gar Conden		ઢ	Boobbl	L - NOU	1992		
If change of operator give name and address of previous operator	Casugae	30 045	Contracti							
II. DESCRIPTION OF WELL	ANDIE	ACE								
Lease Name	AND LE		Pool No	me Includ	ing Formation		Kind	of Lease	1	ease No.
L. VAN ETTEN		13	7/2	Anni	grated	Stone	State,	Federal or Fe	•   ~	
Location			1011	(	Marey	9500 111117	V IFEE			
Unit Letter K	: 165	3	Feet Fro	on The SC	DUTH Lie	e and230	7 Fe	et From The	WEST	Line
Section 9 Townshi	Р	20-5	Range	37-	E , N	мрм,		LEA		County
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL ANI	) NATU	RAL GAS					
Name of Authorized Transporter of Oil SHELL PIPELINE CORP.	X	or Conden	sate		Address (Giv	P.O. Box 2				
Name of Authorized Transporter of Casin		X	or Dry C	Gas		e address to wh	ich approved	copy of this fe	orm is to be se	nt)
WARREN PETROLEUM COR	Unit	Sec.	Twp.	Rge.	<del></del>	P.O. Box 1 y connected?	589 TULS		OMA 7410	2
give location of tanks.	1-1-	9	205	37E		NO	Ĺ			
If this production is commingled with that IV. COMPLETION DATA	from any ot	her lease or	pool, give	commingl	ing order num	ber:				
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Com	pl. Ready to			Total Depth	707-		P.B.T.D.		
9-23-92			PLETIN	<u> </u>	Top Oil/Gas	7875'			7850	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Elevations (DF, RKB, RT, GR, etc.) GR-3541', KB-3555'	1	roducing Fo		/N	Top Oil Oas	7782'		Tubing Dept	h 	
Perforations		7782'–	7796'					Depth Casin	g Shoe 7875	,
	7	TUBING,	CASIN	G AND	CEMENTIN	NG RECORI	)			
HOLE SIZE	CA	SING & TU	BING SI	ZE		DEPTH SET		s	ACKS CEME	ENT
17.5			16			40'			REDI-M	
14.75			11.75			1200			800 SX (CIRC)	
11			8 5/8		·	4000			1650 SX (0	
7 7/8	T FOD	LLOWA	5.5			7800	)*		1350 SX (0	JIRC)
V. TEST DATA AND REQUES OIL WELL (Test must be after re	covery of to	stal volume o		and must					or full 24 hour	s.)
Date First New Oil Run To Tank	Date of Te	st .			Producing Me	thod (Flow, pur	np, gas lift, ei	c.)		
Length of Test	Tubing Pre	ssure			Casing Pressu	re		Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL	I							L	,	
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condens	sate/MMCF		Gravity of Co	ondensate	
Tosting Method (pitot, back pr.)	Tubing Pre	ssure (Shut-	in)		Casing Pressu	re (Shut-ia)		Choke Size		
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIANO	CE			~==			
I hereby certify that the rules and regula						DIL CON	SERVA	TION L	DIVISIO	N
Division have been complied with and the			n above					*1.0		
is true and complete to the best of my lo	nowledge an	id belief.		ſ	Date/	Approved		NO	V 17 '9'	
Morte Com	<u> </u>					- Marie	18/1			
Signature MONTE C. DUNCAN	-	ENGR.	ASST.	.	- By Strugger					
Printed Name			Title		Title_	DIST	MCT 1	SUPERV	/ISOR	
11-16-92 Date			93-719 hone No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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i	•		4					
Submit 3 Copies to Appropriate District Office CONSER: UN DIVISI	Submit 3 Copies  to Appropriate  Conservation Office Conservation  District Office Conservation  DISTRICTI RESERVED OIL CONSER VATION DIVISION							
P.O. Box 1980, Hobbe, NM 88240	DO D 000	0	WELL AM NO. 30 025 31727					
P.O. Drawer DD, Ariesia, NIM SEZIO 10 31	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease STATE FEE X					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lesse No.					
( DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOII (FORM C-101)	S AND REPORTS ON WEL SALS TO DRILL OR TO DEEPEN R. USE "APPLICATION FOR PEF FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name  L. VAN ETTEN					
1. Type of Well: Oil GAS WELL X WELL	OTHER							
2. Name of Operator TEXACO EXPLORATION AND PROPERTY.	DUCTION INC.		8. Well No.					
	d, Texas 79702		9. Pool name or Wildcat					
4. Well Location  Unit Letter K : 1653	Feet From The SOUTH	Line and	2307 Rect From The WEST Line					
11. Check App NOTICE OF INTEN PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING  OTHER:  12 Describe Proposed or Completed Operations work) SEE RULE 1103.  **WEIR BLINEBRY, MONUMENT TUB! 1. DRILLED 7 7/8 HOLE TO 7875'. 2. SCHLUMBERGER RAN GR-DIL-LS 7859' TO 5000'. PULLED GR-CNL 3. RAN 5 1/2, LTC CASING (24 JT: RAN 28 CENTRALIZERS. DV TOOL 64. DOWELL CEMENTED: 1st STAGE 1.87cf/s). F/B 600 SACKS 50/50	10. Elevation (Show whether I GR-3541', KB-3555') Propriate Box to Indicate Notion TO:  PLUG AND ABANDON  CHANGE PLANS  (Clearly state all pertinent details, and IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Nature of Notice, Results SUB REMEDIAL WORK COMMENCE DRILLING CASING TEST AND CE OTHER: PRODUCTIO  d give pertinent dates, included NGT-CAL FROM 786 C CLASS H w/ 6% GE 15% SALT, 1/4# Fle Id STAGE - 550 SAC	SEQUENT REPORT OF:  ALTERING CASING  PLUG AND ABANDONIMENT  MENT JOB  N CASING  A CASI					
I hereby certify that the information above is true and c	•	edief.  DRILLING OPERATI	ONS MANAGER DATE 10-21-92					
TYPE OR PRINT NAME C. P. BASHAM	THE THE TANK	E STREET, ST. PRINTIL	TELEPHONE NO. 915-6884620					
(This space for State Use)			SUPERVISOR OCT 26 '92					
CONDITIONS OF APPROVAL, SP ANY:	m.	E	DATE					

State of New Mexico Submit 3 Copies Form C-103 Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30 025 31727 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 S. Indicate Type of Lease FEE X STATE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" L. VAN ETTEN (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: CAS [ WELL X OTHER 2. Name of Operator 8. Well No. TEXACO EXPLORATION AND PRODUCTION INC. 13 3. Address of Operator 9. Pool name or Wildcat P. O. Box 3109 Midland, Texas 79702 4. Well Location Unit Letter K 1653 Feet From The SOUTH 2307 Peet Prom The WEST Line and \_ Line hip 20—SOUTH Range 37—EAST 10. Elevation (Show whather DF, RKB, RT, GR, etc.) Township 20-SOUTH NMPM LEA GR-3541', KB-3555' Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: COMPLETING OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. \*\*WEIR BLINEBRY, MONUMENT TUBB, WILDCAT BELOW TUBB. 1. MIRU COMPLETION UNIT, CLEAN OUT CEMENT TO PBTD OF 7850', TESTED CASING TO 3000# FOR 30 MINUTES 10-28-92. 2. WEDGE RAN GR-CCL FROM 7847' TO 4000'. PERFED WITH 2 JSPF: 7782-7796. 28 HOLES. 3. DOWELL ACIDIZED WITH 3200 GAL 15% HCL 10-30-92. CONS 4. SWAB 9 HOURS 11-02-92. RECOVERED 70 BO AND 25 BLW. 5. TIH WITH 2 7/8 TUBING, PUMP AND RODS. SEATING NIPPLE @ 7798'. 6. PUMPED 24 HOURS 11-17-92. RECOVERED 217 BO, 130 BW, 127 MCFD. 7. TESTING. ON'S  $\infty$ in I hereby certify that the information above is true and complete to the best of my knowledge and belief. TILE DRILLING OPERATIONS MANAGER DATE 11-18-92

TYPE OR PRINT NAME C. P. BASHAM

Mu.

TELEPHONE NO. 915-6884620

(This space for State Use)

APPROVED BY

Geologist

CONDITIONS OF APPROVAL, IF ANY:

NOV 20'92

DATE

1"	MOLEUNA	•					
State Lease - 6 copies	50	State of New Minerals and Natural Re	esources Departm				Form C-101 Revised 1-1-89
P.O. Box 1980, Hobbs, N	M 88240	CONSERVATION P.O. Box 200	88	N	1		D on New Wells) 3 / 7 2 7
DISTRICT II P.O. Drawer DD, Artesia,		anta Fe, New Mexico	87504-2088			Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Azz	ec, NM 27410				6. State Oil	& Gas Lease	
APPLICA	TION FOR PERMIT 1	O DRILL, DEEPEN, O	OR PLUG BACK				
la. Type of Work:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			7. Leas No	ume or Unit A	greement Name
b. Type of Well:	L X RE-ENTER	DEEPEN ()	PLUG BACK	1	L. VA	N ETTEN	
WELL X WELL	OTHER	REPORT	X MALTELE	$\Box$			
2. Name of Operator		<del></del>		<u> </u>	8. Well No.		
	ATION AND PRODUCTI	ON INC.			a. weare.	•	13
3. Address of Operator P. O. Box 3109	, Midland, Texas 7	9702			9. Pool nam	e or Wildow	
4. Well Location Unit Letter K	1659 Earl	The SOUTTU	Line and OS	207	Post.	Poor The	MEST
Unit Letter K	: 1653 Feet Pr	om The SOUTH	Line and _23	307		Prom The	WEST
Section S	Thermal	hip 20-SOUTH Ran	age 37-EAST	,	NMPM	LEA	Count
		10. Proposed Depth		11. F	ormation		12. Rotary or C.T.
		7	800'		***		R_
13. Elevations (Show whath GR-3541'		4. Kind & Status Plug. Bond BLANKET	15. Drilling Cont TO BE SELE		D		Date Work will start 09-15-92
17,	PR	OPOSED CASING AN	ID CEMENT PR	OGR	RAM		
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEP		SACKS OF	CEMENT	EST. TOP
17 1/2	16	65#	40'		REDI-		SURFACE
14 3/4	11 3/4	42#	1200'		80	0	SURFACE
11	8 5/8	32#	4000'		16	50	SURFACE
7 7/8	5 1/2	15.5# & 17#	7800'		138	50	SURFACE
CEMENTING PROSURFACE - 600 SACION CACION (14.8ppg, NTERMEDIATE - 140s). F/B 250 SACKS (PRODUCTION - 1st Signal Sig	GRAM: CONDUCTOR - KS CLASS C w/ 2% G 1.32cf/s, 6.3gw/s) 10 SACKS 35/65 POZ CLASS H w/ 2% Cacl TAGE: 250 SACKS 35 100 SACKS 50/50 POZ 100 SACKS 35/65 POZ 100 SACKS 35/65 POZ 100 SACKS 15/65 POZ 100 SACKS 15/65 POZ	EL & 2% Cacl2 (14.2	2ppg, 1.50cf/s, ., 5% SALT, 1/4 /s, 5.2gw/s). v/ 6% GEL, 5% 5 L, 5% SALT, 1/ L, 5% SALT & 1 gw/s).	, 7.6 # FL SALT 4# F	gw/s). F/ LOCELE (12 2 & 1/4# FI LOCELE (1	B 200 SAC 2.8ppg, 1. LOCELE (1 4.2ppg, 1	87cf/s, 9.9gw/ 2.8ppg, 1.87cf/ .28cf/s, 5.
ZONE. GIVE BLOWOUT PREVI	enter program, IP any.	AM: IF PROPOSAL IS TO DEEPER	<u> </u>	NO ATA	PRESENT PRODU	CTIVE ZONE AN	D PROPOSED NEW PRODUC
• •	estice above is true and complete	to the best of my knowledge and i	edier. DRILLING OPE	RATK	ONS MANAG	ER DATI	09-08-92
TYPEOR PRINT NAME C. P		wi					PHONE NO. 915-688
(This space for State Use)	) /		DISTRIC	<del></del>	SUPERV		SEP 1 1'S
APPROVED BY	eres es	m.				DATI	
CONDITIONS OF APPROVAL, IF	ANI /						

Permit Expires 6 Months From Approval Date Unless Drilling Underway.

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Name C. P. BASHAM

Date 11-23-92

Title DRLG. OPER. MGR.

**DEVIATION SURVEY** 

Signature C.P. Basham/cw #

### **INSTRUCTIONS**

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

#### INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

So	utheastern	New Mexico	Northw	vestern New Mexico
T. Anhy 1146'		T. Canyon	T Oio Alamo	T. Penn, "B"
		T. Strawn		T. Penn. "C"
		T. Atoka		T. Penn. "D"
T. Yates 2515'		T. Miss		T. Leadville
T. 7 Rivers 2789'		T. Devonian		T. Madison
T. Queen 3279'		T. Silurian		T. Elbert
T. Grayburg 3563'				T. McCracken
T. San Andres 3949		T. Simpson		T. Ignacio Otzte
T. Glorieta 5120'		T Makes		T. Granite
T. Paddock 5222'		T. Ellenburger		T
T. Blinebry 5724'				T
T. Tubb 6294'				Ť
T. Drinkard 6596'		T. Bone Springs		î.
T. Abo 6908'				Ť.
T. Wolfcamp_		T T	T. Chinle	
T. Penn 7773'				T
T. Cisco (Bough C)		T	T. Penn "A"	
,			S SANDS OR ZONES	
No. 1 from 7782		to. 7796	No 2 from	to
		to		to
**************************************	••••••••		NT WATER SANDS	······································
Include data on rate o	f water inflo	and elevation to which water		
			feet	
			feet	
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	<u></u>	TOLOGI NEGONI	Armen accuronar siect it	incessary)
7	biologos		Thickness	

		LITHOLOGI	NECOND (	(Attach ac	шипопа	r sueet it u	ecessary)
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5724	6294	570	DOLOMITE W/ LIMESTONE				
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							COR HOBBS OFFICE

Deviation surveys taken on Texaco Exploration & Production's L. Van Etten #13 well in Lea County, New Mexico: 1653/142301/W 9-20-37

Depth	Degree
485	1.00
891	<b>.</b> 75
1033	.75
1150	<b>.</b> 75
1635	.75
2311	.75
2764	.50
3260	.75
3548	.50
4000	.50
4499	1.50
4992	2.00
5492	1.25
5947	.75
6422	2.00
6908	3.25
7344	2.00

I hereby certify that I have personal knowledge of the facts placed on this sheet and that such information given above is true and complete.

Shrue A. //b/g\
Norton Drilling Company

Before me, the undersigned authority, on this day personally appeared Sherman H. Norton, Jr., known to me to be the person whose name is subscribed hereto, who, after being duly sworn, on oath states that he is the drilling contractor of the well identified in this instrument and that such well was not intentionally deviated from the vertical whatsoever.

Sherman H. Norton,

SWORN AND SUBSCRIBED TO before me this 10th day of November 1992.

PAT FARRELL
Notary Public, State of Texas
My Commission Expires 4-9-96

Notary Public in and for Lubbock County, Texas. Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

#### OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

#### WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator					Lease				Well No.	
TEXACO E	EXP	L. AND	PROD.	INC.	L. V	AN ETTEN			1.3	
Unit Letter	Secti		Township	· · · · · · · · · · · · · · · · · · ·	Range	<del></del>		County		
К		9	20-	South	R-	37-E	NMPM	Lea		
Actual Footage Loca	uion o	Well:	<u></u>		\			<u></u>		
1653	feet 1	rom the	South	line an	d 2307		feet from	<sub>the</sub> West	line	
Ground level Elev.		Produci	ing Formation		Pool				Dedicated Acreage:	
3541		Bline	bry; Pe	nnsylvan	ian Wier	Blinebry;	Wild	cat	40	
	the ac	reage dedicat	ed to the subjec	t well by colored	pencil or hachure i	narks on the plat below	₩.		, , , , , , , , , , , , , , , , , , ,	
2. If more	than (	one lease is de	edicated to the v	well, outline each	and identify the ow	menship thereof (both	as to workin			
3. If more	than	one lease of d	ifferent ownersh	nip is dedicated to	the well, have the	interest of all owners	been consol	idated by comm	nunitization,	
unitizat	Yes	rce-pooling, e	_	If answer is "yes"	time of contolidat	ion				
If answer		list the owne				onsolidated. (Use rev	erse side of			
this form	if neco	essary								
No allows	ble w	ill be assigned	I to the well unt	il all interests hav	e been consolidate	d (by communitization	, unitization	, forced-pooling	g, or otherwise)	
or until a	non-st	andard unit, e	uminating such	interest, has been	approved by the D	rvision.	<del></del>			
<b>@</b>		1		<del></del>		1	<del></del>	OPERAT	OR CERTIFICATION	
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Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

#### State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

<u>DISTRICT I</u> P.O. Box 1980, Hobba, NM 88240

#### OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

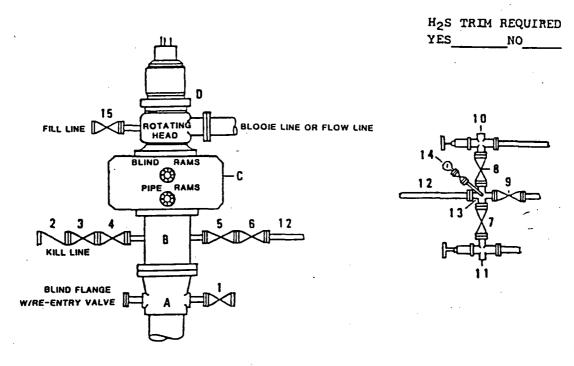
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

#### WELL LOCATION AND ACREAGE DEDICATION PLAT

			All Dist	ances must de	ILOUI DIS OCIEI	poundanes	OI ING RECTION				
Operator		<del></del>	<del></del>		Lease			_		Well No.	
TEXACO	EXPI	. AND	PROD. INC	2	L. V	AN ETTI	EN			1.3	
Unit Letter	Section		Township	,	Range				County		
K		9	20-So	uth	R-	37-E	N	ΙPΝ	A Lea		
Actual Footage Loc	ation of										
1653	feet f		South	line and	2307		feet f	ЮП	nthe West	1804	
Ground level Elev.	1		g Formation		Pool	D				Dedicated Acre	eage:
3541	1		ylvanian		Cass					80	Acres
2. If mor	re than c	one lease is de	d to the subject well,	outline each and	identify the ow	voership there	of (both as to w		_	• •	
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	Yes		No If an	swer is "yes" typ	e of consolidat	ion					
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this form No allow			to the well until all	interests have h	en consolidate	d (by commi	nitization uniti-	216-	on formed applie	or otherwise)	·
or until	non-st	ındard unit, el	iminating such inter	est, has been app	proved by the D	Division.		<b>a</b> u(	on' integr-boom	ig, or otherwise)	
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# DRILLING CONTROL CONDITION II-B 3000 WP

## FOR AIR DRILLING OR WHERE NITROGEN OR AIR BLOWS ARE EXPECTED



#### DRILLING CONTROL

#### MATERIAL LIST - CONDITION II - B

λ	Texaco Wellhead
В .	3000# W.P. drilling spool with a 2" minimum flanged outlet for kill line and 3" minimum flanged outlet for choke line.
c	3000# W.P. Dual ram type preventer, hydraulic operated with 1" steel, 3000# W.P. control lines (where substructure height is adequate, 2 - 3000# W.P. single ram type preventers may be utilized).
D	Rotating Head with fill up outlet and extended Bloois Line.
1,3,4, 7,8,	$2^{\rm st}$ minimum 3000% W.P. flanged full opening steel gate valve, or Halliburton Lo Torc Plug valve.
2	2" minimum 3000# W.P. back pressure valve.
5,6,9	$\ensuremath{\mbox{\tt J^m}}$ minimum 3000% W.P. flanged full opening steel gate valve, or Halliburton Lo Torc Plug valve.
12	3" minimum schedule 80, Grade "B", seamless line pipe.
13	2" minimum x 3" minimum 3000# W.P. flanged cross.
10,11	2" minimum 3000# W.P. adjustable choke bodies.
14	Cameron Mud Gauge or equivalent ( location optional in choke line). $ \label{eq:cameron} % \begin{array}{ll} & & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ \end{array} $
15	2" minimum 3000# W.P. flanged or threaded full opening steel gate valve, or Halliburton Lo Torc Plug valve.



TEXACO, INC.



SCALE:	DATE	EST. NO.	DRQ. NO.
DRAWN BY:			
CHECKED BY:		] ]	
APPROVED BY:		1 1	