

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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MAR 03 1993

O. C. D.

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

5. Lease Designation and Serial No.
NM-29233

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
FEDERAL NEFF 13 #2

9. API Well No.
30-015-26165

10. Field and Pool, or Exploratory Area
Livingston Ridge

11. County or Parish, State Delaware
EDDY COUNTY, NEW MEXICO

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

Texaco Exploration and Production Inc.

3. Address and Telephone No.

P.O. Box 730, Hobbs, NM 88240

505-393-7191

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

UNIT LETTER H, 1980' FNL & 660' FEL
SEC. 13, T-22-S, R-31-E

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

| TYPE OF SUBMISSION | TYPE OF ACTION |
|--|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other <u>ADD ADDITIONAL PAY AND FRAC</u> |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> 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.)*

- MIRU. TOH W/ PRODUCTION EQUIPMENT.
- TIH W/ WS, D/O CIBP @ 7300'. TIH W/ TBG & PKR, TEST CSG BELOW PERFS.
- SPT 300 GALS ACETIC ACID FR 8050' TO 7750'. PERF 5 1/2" CSG FR 7948'-7968' W/ 4 JSPF @ 120 DEGREE PHASING.
- SET PKR @ APPROX 7250'. TEST TBG TO 7000#. FRACTURE TREAT PERFS FR 7948'-7968' W/ 59,400 GAL 30# X-LINKED GEL, 253,000# 20/40 OTTAWA & 20,000# RESIN COATED 20/40 SAND. AIR = 30 BPM
- SI 24-48 HRS. TOH W/ WS & PKR.
- TIH W/ PRODUCTION EQUIPMENT, RETURN WELL TO PRODUCTION.

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

Signed [Signature]

Title ENGINEER'S ASSISTANT

Date 2-16-93

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title [Signature]

Date 2/28/93

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.

CLSF

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

PRIVACY ACT

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et. seq., 351 et. seq., 25 U.S.C. et. seq.; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is to be used to evaluate, when appropriate, approve applications, and report completion of secondary well operations, on a Federal or Indian lease.

ROUTINE USES: (1) Evaluate the equipment and procedures used during the proposed or completed subsequent well operations. (2) Request and grant approval to perform those actions covered by 43 CFR 3162.3-2(2). (3) Analyze future applications to drill or modify operations in light of data obtained and methods used. (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

EFFECT OF NOT PROVIDING INFORMATION: Filing of this notice and report and disclosure of the information is mandatory once an oil or gas well is drilled.

The Paperwork Reduction Act of 1980 (44 U.S.C. 3501, et. seq.) requires us to inform you that:

This information is being collected in order to evaluate proposed and/or completed subsequent well operations on Federal or Indian oil and gas leases.

This information will be used to report subsequent operations once work is completed and when requested, to obtain approval for subsequent operations not previously authorized.

Response to this request is mandatory for the specific types of activities specified in 43 CFR Part 3160.

Submit 5 Copies
Appropriate District Office
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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

RECEIVED
AUG 15 1992

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

48123

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Texaco Exploration and Production Inc. Well API No. 30-015-26165
Address
P.O. Box 730 Hobbs, New Mexico 88240
Reason(s) for Filing (Check proper box)
New Well Change in Transporter of: Other (Please explain)
Recompletion Oil Dry Gas Effective 9-14-92
Change in Operator Casinghead Gas Condensate
If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Neff 13 Federal Well No. 2 Pool Name, Including Formation Livingston Ridge Delaware Kind of Lease State, Federal or Fee Lease No. NM-29233
Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line
Section 13 Township 22-S Range 31-E, NMPM, Eddy County

EOTT Energy Operating LP

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate EOTT Energy Corp. Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188 Houston, Texas 77251-1188
Name of Authorized Transporter of Casinghead Gas Effective 9-1-93 Address (Give address to which approved copy of this form is to be sent) P.O. Box 730 Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks. Unit H Sec. 13 Twp. 22S Rge. 31E Is gas actually connected? Yes When? 6/25/90

If this production is commingled with that from any other lease or pool, give commingling order number.

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 Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RSD, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

GAS WELL

| | | | |
|------------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, 1 act. pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature M.G. Duncan
Printed Name M.G. Duncan Engineer's Assistant
Date 7-27-92
Telephone No. 393-7191

OIL CONSERVATION DIVISION

Date Approved SEP 18 1992

By ORIGINAL SIGNED BY MIKE WILLIAMS
Title DIVISION SUPERVISOR, DISTRICT II

Oct 7 10 38 AM '92

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

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

MARI ANDRUS

DATE 10-7-92