

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE O.G.C.

MAR 21 7 5 AM

Form C-191
Revised 1-4-65

5A. Indicate Type of Lease

STATE ☐ FEE ☒

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

b. Type of Well
 DRILL ☒ DEEPEN ☐ PLUG BACK ☐
 OIL WELL ☒ GAS WELL ☐ OTHER ☐
 SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. Name of Operator

Texaco Inc.

3. Address of Operator

P. O. Box 3109, Midland, Texas 79701

4. Location of Well

UNIT LETTER D LOCATED 330 FEET FROM THE North LINE

AND 870 FEET FROM THE West LINE OF SEC. 25 TWP. 11S RGE. 32E

7. Unit Agreement Name

8. Farm or Lease Name

J. H. Moore

9. Well No.

3

10. Field and Pool, or Wildcat

Moore Pennsylvania

12. County

Lea

19. Proposed Depth

8530'

19A. Formation

Cisco

20. Rotary or C.T.

Rotary

21. Elevations (Show whether DR, RT, etc.)

Not available

21A. Kind & Status Plug. Bond

\$10,000 blanket

21B. Drilling Contractor

Unknown

22. Approx. Date Work will start

At once

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15"	11 3/4"	42#, 23.72#	300'	300*	Circulate
10 5/8"	8 5/8"	24#, 28#, 32#	3500'	1300**	Circulate
7 7/8"	4 1/2"	10.5#, 11.6#, 11.6#	8530'	1000***	150% to tie-back into 8 5/8"

*Cement with 300 sx Class "C" neat with 1% calcium chloride (300% to circulate).

**Cement with 1100 sx TLW 12.0#/gal followed by 200 sx Class "C" neat (250% to circulate).

***Cement with 800 sx TLW 12.0#/gal followed by 200 sx Incor 4% gel 13.8#/gal. Use 0.75% FRA in first 300 sx TLW (150% to tie-back into 8 5/8").

COMPLETION PROGRAM

1. Selectively perforate pay.
2. Acidize with 500 gals. 15% NE acid.

FORMATION TOPS EXPECTED

Anhydrite	1430'	Abo	7050'
Base of Salt	2020'	Cisco	8350'
		Total Depth	8530'

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEI 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.

Signed [Signature] Title Civil Engineer Date 3/18/66

1. (Signature for State Use)

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: