

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

OIL CONSERVATION DIVISION

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

WELL API NO.	30-025-21865
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-10076
7. Lease Name or Unit Agreement Name	
New Mexico "BV" State NCT-2	
8. Well No.	3
9. Pool name or Wildcat	Lazy J Pennsylvanian

1. Type of Well:	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	Texaco Exploration and Production Inc.
3. Address of Operator	P.O. Box 730 Hobbs, New Mexico 88240
4. Well Location	Unit Letter M : 990 Feet From The South Line and 990 Feet From The West Line Section 36 Township 13S Range 33E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4205' DF

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	Texaco Exploration and Production Inc.
3. Address of Operator	P.O. Box 730 Hobbs, New Mexico 88240
4. Well Location	Unit Letter M : 990 Feet From The South Line and 990 Feet From The West Line Section 36 Township 13S Range 33E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4205' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

- MIRU pulling unit. TOH w/rods and pump. Install BOP. TOH w/tubing.
- RU wireline. Set CIBP @ 9650'. Dump 35' cmt plug (approx. 3 sxs Class "H" cmt w/2% CaCl, 1.18 cu.ft/sack) on CIBP. Freepoint 4 1/2" csg.
- If freepoint is below 6600' cut and pull 4 1/2" csg. If freepoint is above 6600' but below 8 5/8" csg shoe (4150'), spot 100' cmt plug from 7000'-6900' (approx. 15 sxs Class "H" cmt w/2% CaCl, 1.18 cu.ft/sack), tag plug and cut and pull 4 1/2" csg.
- Load hole w/salt gel mud (10 lb. brine w/25 lbs. gel/barrel).
- Perf sqz holes in 8 5/8" csg @ 420' (11 3/4" csg shoe).
- Spot 100' cmt plug across 4 1/2" csg stub (approx. 29 sxs Class "H" cmt. w/2% CaCl, 1.18 cu.ft/sack). Tag plug.
- Pull tubing uphole. Spot 100' cmt plug from 4200'-4100' across 8 5/8" csg shoe (approx. 30 sxs Class "H" cmt. w/2% CaCl, 1.18 cu.ft/sack). Tag plug.

(CONTINUED ON BACK)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE M.C. Duncan TITLE Engineer's Assistant DATE 9-20-91

TYPE OR PRINT NAME M.C. Duncan TELEPHONE NO. 393-7191

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED.

SEP 23 1991

- 8) Pull tubing uphole. Spot 100' cmt plug from 1930'-1830' across top of salt. (approx. 31 sxs Class "H" cmt. w/2t CaCl, 1.18 cu.ft/sack). Tag plug.
- 9) TOH w/tubing. Pump cmt (approx 250 sxs Class "H" cmt. w/2t CaCl, 1.18 cu.ft/sack) down 8 5/8" csg, circulating the 8 5/8"-11 3/4" annulus and leaving a 420' surface plug in both the csg and the annulus (across the surface csg shoe).
- 10) Cut off well head, install dry hole marker. Clean location.

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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Texaco Inc.

Address
P.O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Effective September 1, 1986
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "BV" State NCT-2	Well No. 3	Pool Name, including Formation Lazy J Pennsylvanian	Kind of Lease State, Federal or Fee State	Lease No. B-10076
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>13S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation Inc. 1090-0575	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, TX 79711-0196
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1689, Lovington, NM 88260
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. E 36 13S 33E
Is gas actually connected?	When Yes November 1, 1966

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-23

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)

District Administrative Supervisor

(Title)
August 28, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 3 1986, 19

BY Eddie W. Dean

TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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