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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	

30-025-27927

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		8. Name of Lease Name	
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		Lee Carter	
2. Name of Operator		9. Well No.	
TEXACO Inc.		1	
3. Address of Operator		10. Field and Pool, or Wildcat	
P. O. Box 728, Hobbs, New Mexico 88240		Wolfcamp, Abo, Drinkard	
4. Location of Well		12. County	
UNIT LETTER H LOCATED 1980 FEET FROM THE North LINE		Lea	
AND 660 FEET FROM THE East LINE OF SEC. 33 TWP. 16-S RSE. 37-E NMPM			
19. Proposed Depth		19A. Formation	
11,515'		Wolfcamp, Abo, Drinkard	
20. Rotary or C.T.			
21. Elevations (Show whether DP, RT, etc.)		22. Approx. Date Work will start	
3778' (GR)		Immediately	
21A. Kind & Status Plug. Bond		21B. Drilling Contractor	

### PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	48#	377'	550 SX	CIRC
11"	8 5/8"	24# & 32#	4800'	2650 SX	CIRC
7 7/8"	5 1/2"	17#	11,515'	2400 SX	CIRC

TEXACO PROPOSES TO SET @ CIBP @ APPROXIMATELY 11,170' AND ATTEMPT TO RE-COMLETE SUBJECT WELL IN THE WOLF CAMP, Abo, OR DRINKARD FORMATION. FORM C-102, WELL LOCATION AND ACREAGE DEDICATION PLAT WILL BE SUBMITTED WHEN WELL IS COMPLETE.

WOLF CAMP--ATTEMPT COMPLETION FROM APPROXIMATELY 10,365'-10,620'.  
Abo - ATTEMPT COMPLETION FROM APPROXIMATELY 8625'-10,030'.  
DRINKARD- ATTEMPT COMPLETION FROM APPROXIMATELY 7782'-7937'.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN 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 Asst. Dist. Mgr. Date 6-17-83

(1 Mi. space for State Use)

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

DATE JUN 20 1983