

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

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

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

API NO. (assigned by OCD on New Wells)
30-025-32016

5. Indicate Type of Lease
STATE ☒ FEB ☐

6. State Oil & Gas Lease No.
B-1060

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name

NEW MEXICO 'M' STATE

2. Name of Operator
TEXACO EXPLORATION AND PRODUCTION INC.

8. Well No.
9

3. Address of Operator
P. O. Box 3109, Midland, Texas 79702

9. Pool name or Wildcat
VACUUM DRINKARD

4. Well Location
Unit Letter C : 660 Feet From The NORTH Line and 1745 Feet From The WEST Line
Section 1 Township 18-SOUTH Range 34-EAST NMPM LEA County

10. Proposed Depth
7900'

11. Formation
DRINKARD

12. Rotary or C.T.
ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)
GR-3995'

14. Kind & Status Plug. Bond
BLANKET

15. Drilling Contractor

16. Approx. Date Work will start
JULY 1, 1993

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11	8 5/8	24#	1470'	650	SURFACE
7 7/8	5 1/2	15.5# & 17#	7900'	1906	SURFACE

CEMENTING PROGRAM:

SURFACE CASING - 500 SX CLASS C w/ 4% GEL & 2% CaCl₂ (13.5ppg, 1.74cf/s, 9.1gw/s). F/B 150 SX CLASS C w/ 2% CaCl₂ (14.8ppg, 1.32cf/s, 6.3gw/s).
PRODUCTION CASING - 1st STG: 320 SX 35/65 POZ CLASS H w/ 6% GEL, 5% SALT, 1/4# FLOCELE (12.8ppg, 1.94cf/s, 10.4gw/s). F/B 225 SACKS CLASS H (15.6ppg, 1.18cf/s, 5.2gw/s).
DV TOOL @ 5000' - 2nd STG: 1280 SX 35/65 POZ CLASS H w/ 6% GEL, 5% SALT & 1/4# FLOCELE (12.8ppg, 1.94cf/s, 10.4gw/s). F/B 100 SX CLASS H (15.6ppg, 1.18cf/s, 5.2gw/s).

THERE ARE NO OTHER OPERATORS IN THIS QUARTER QUARTER SECTION.

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.

SIGNATURE C. P. Basham /cmh TITLE DRILLING OPERATIONS MANAGER DATE 06-09-93

TYPE OR PRINT NAME C. P. BASHAM

TELEPHONE NO. (915) 688-4620

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 11 1993

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

JUN 10 1993
OCD HOBBS OFFICE