

District I - (505) 393-6161  
1625 N. French Dr  
Hobbs, NM 88241-1980  
District II - (505) 748-1283  
811 S. First  
Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Road  
Aztec, NM 87410  
District IV - (505) 827-7131

New Mexico  
Energy Minerals and Natural Resources Department  
Oil Conservation Division  
2040 South Pacheco Street  
Santa Fe, New Mexico 87505  
(505) 827-7131

Form C-139  
Revised 06/99

SUBMIT ORIGINAL  
PLUS 2 COPIES  
TO APPROPRIATE  
DISTRICT OFFICE

APPLICATION FOR  
PRODUCTION RESTORATION PROJECT

I. Operator and Well:

H-0676

Operator name & address TEXACO EXPLORATION & PRODUCTION INC. PO BOX 3109 MIDLAND, TEXAS 79702						OGRID Number 022351		
Contact Party BOBBY MCCURRY						Phone 505-396-4414 EXT-103		
Property Name VACUUM GLORIETA WEST UNIT					Well Number 34	API Number 3002520143		
UL K	Section 25	Township 17S	Range 34E	Feet From The 1650	North/South Line SOUTH	Feet From The 1650	East/West Line WEST	County LEA

II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools):	
Date Production Restoration started: 04/05/00	Date Well Returned to Production: 04/27/00
Describe the process used to return the well to production (Attach additional information if necessary): SQZ LOWER/PERF UPPER GLORIETA	
III. Identify the period and Division records which show the Well had thirty (30) days or less production for the twenty-four consecutive months prior to restoring production:	
Records Showing Well produced less than 30 days during 24 month period: [ ] Well file record showing that well was plugged [ ] ONGARD production data [X] OCD Form C-115 (Operator=s Monthly Report)	Month/Year (Beginning of 24 month period): 10/01/95 Month/Year (End of 24 month period): 10/01/97

IV. Affidavit:

State of <u>New Mexico</u> ) County of <u>Lea</u> ) ss. <u>Denise Wann</u> , being first duly sworn, upon oath states: 1. I am the Operator, or authorized representative of the Operator, of the above-referenced Well. 2. I have personal knowledge of the facts contained in this Application. 3. To the best of my knowledge, this application is complete and correct. Signature <u>Denise Wann</u> Title <u>Acting Senior Engineer</u> Date <u>12-6-00</u> SUBSCRIBED AND SWORN TO before me this <u>6th</u> day of <u>December</u> , <u>2000</u> . <u>John Ayer</u> Notary Public My Commission expires: <u>2-29-04</u>	
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FOR OIL CONSERVATION DIVISION USE ONLY:

V. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a Production Restoration Project. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that production was restored on: 4-5, 2000

Signature District Supervisor <u>Paul J. Kautz</u>	OCD District <u>1</u>	Date <u>12/15/2000</u>
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VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: \_\_\_\_\_

MP

3 copies  
to Appropriate  
District Office

**DISTRICT I**

P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**

P.O. Box 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.

30-025-20143

5. Indicate Type of Lease

STATE ☒FEE ☐

6. State Oil / Gas Lease No.

B-270

7. Lease Name or Unit Agreement Name

VACUUM GLORIETA WEST UNIT

8. Well No.

34

9. Pool Name or Wildcat

VACUUM GLORIETA

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

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator  
205 E. Bender, HOBBS, NM 88240

4. Well Location  
Unit Letter K : 1650 Feet From The WEST Line and 1650 Feet From The SOUTH Line  
Section 25 Township 17S Range 34E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4003' 3L

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: SQZ LOWER/PERF UPPER GLORIETA ☒

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.

4-05-00: MIRU. UNLOAD, RACK, TALLY WS. NDWH. NUBOP. TIH W/BIT, DC'S, TBG. TAG @ 5873'. TEST CSG TO 500 PSI-OK. DISPL W/10# BRINE. DRLD CMT TO CIBP @ 5900'.

4-06-00: DRILL CIBP @ 5900'. PSH TO 6324'. CIRC CLN. TIH W/PKR, SN, & TBG TO 5896'. SET PKR. TEST CSG-OK. REL PKR & TOH. TIH W/CMT RET, TBG TO 5893'.

4-07-00: PUMP THRU RET W/35 BBLS. SET RET @ 5893'. TEST TBG TO 2000 PSI-OK. PSI CSG TO 500-OK. MIX 50 SX CL C W/4% D-156, .3% D-65, .2% D-46, 2# SK COALITE, & 100 SX CL C NEAT. FLSH W/19 BBLS.

4-10-00: TIH W/ BIT, DC'S & TBG. TAG @ 5893'. BREAK CIRC. DRILL CMT TO 5995'. TEST CSG TO 500 PSI-OK. DISPL W/2% KCL.

4-11-00: TIH W/PERF GUN & PERF CSG IN GLORIETA FORM 5846-5946, 5966-82. TIH W/PKR, SN ON TBG. SET PKR @ 5802'. LOAD & TEST BACKSIDE TO 500#-OK. RU SWAB LINE TO FRAC TANK.

4-12-00: PSI CSG TO 500-OK. ACIDIZE GLORIETA PERFS 5846-5982 W/7000 GALS 15% NEFE: HCL, & 1500# RK SLT. RU & SWAB FL @ 300'. END FL @ 3400'.

4-13-00: FL @ 3400'. END FL @ 4800'. REL PKR. TIH TO 5995'. NO SALT FILL. RESET PKR @ 5802'. END FL @ 4600'.

4-14-00: PUMP 30 GALS ALPHA 160 W/5 GALS TECHN WET 4273, MIXED W/20 BFW. FLSH W/44 BBLS, PUMP @ 1 1/2 BPM @ 700 PSI. REL PKR. TIH W/GAS ANCHOR, SN, BLAST JT, TBG, TAC. NDBOP. SET TAC. NUWH. BTM OF STRING @ 9'. KB @ 5995'. SN @ 5985'. TAC @ 5757'.

4-17-00: TIH W/PMP, ON/OFF TOOL, LIFT SUB, K-BARS, RDS. RIG DOWN.

4-27-00: ON 24 HR OPT. PUMPED 73 BO, 63 BW, & 14 MCF. PERFS 5846-5982' VACUUM GLORIETA.

FINAL REPORT

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant

DATE 5/8/00

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

ORIGINAL SIGNED BY CHRIS WILLIAMS

DATE

CONDITIONS OF APPROVAL IF ANY: DISTRICT I SUPERVISOR

DeSoto/Nichols 12-93 ver 1.0