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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

**Supplemental C-101
To Show Addl. Casing**

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		7. Unit Agreement Name West Lovington Unit	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name West Lovington Unit	
2. Name of Operator TEXACO Inc.		9. Well No. 63	
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		10. Field and Pool, or Wildcat West Lovington	
4. Location of Well UNIT LETTER D LOCATED 660 FEET FROM THE North LINE AND 560 FEET FROM THE West LINE OF SEC. 8 TWP. 17-S RGE. 36-E NMPM		12. County Lea	
19. Proposed Depth 5150'		19A. Formation San Andres	
21. Elevations (Show whether DF, RT, etc.) 3903' (CF)		23. Rotary or C.T. Rotary	
21A. Kind & Status Plug. Bond		22. Approx. Date Work will start	
21B. Drilling Contractor			

23.

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# H-40 STC	350'	400	Circulate
11"	8-5/8"	24# K-55 STC	1900'	750	Circulate
7-7/8"	4-1/2"	10.5# K-55 STC	5150'	2800	Circulate

Surface Casing: 400 sx Class 'C' W/2% CaCl.

Intermediate Casing: 550 sx. Class 'C' W/4% Gel followed by 200 sx. Class 'C' W/2% CaCl.

Production Casing: 1st Stage: 250 sx Lite W/5# sx. Gilsonite & 8# salt/sx. followed by 500 sx. Class 'C' cement W/8# salt & 1/2% CFR-2/sx.

2nd Stage: 1800 sx. Lite W/18% salt & 250 sx. Class 'C' w/18% salt.

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. District Supt. Date 5-30-80

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE 1980

CONDITIONS OF APPROVAL, IF ANY: