



To Denise

From

DONNA

Energy & Minerals Department

OIL CONSERVATION DIVISION

1625 N French Drive

Hobbs NM 88240

Telephone Number (505) 393-6161

☐ For Your Files

☐ Prepare a Reply for My
Signature

☒ For Your Review and
Return

☐ For Your Information

☒ For Your Handling

☐ For Your Approval

☐ As Per Your Request

☐ For Your Signature

☐ Please Advise

☐ For Your Attention

Denise, I am returning the C-103 for
DHC application on the Caylor 6 #1. Please
read the rule again. This DHC needs
to go on form C-107-A and send it
to Santa Fe for approval. If you have
question on this matter, please call.

dp

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 30-025-35039	
5. Indicate Type of Lease STATE	FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name CAYLOR '6'	
8. Well No. 1	
9. Pool Name or Wildcat BLINEBRY WILDCAT/LOVINGTON DRINKARD	

<p align="center">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.</p>			
1. Type of Well:	OIL WELL <input checked="" type="checkbox"/>	GAS WELL	OTHER
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.		
3. Address of Operator	205 E. Bender, HOBBS, NM 88240		
4. Well Location	<p>Unit Letter <u>K</u> : 2310 Feet From The <u>SOUTH</u> Line and 1650 Feet From The <u>WEST</u> Line</p> <p>Section <u>6</u> Township <u>17-S</u> Range <u>37-E</u> NMPM <u>LEA</u> COUNTY</p> <p>10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3809'</u></p>		

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	DHC <input checked="" 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.

TEXACO EXPLORATION & PRODUCTION INC. RESPECTFULLY REQUESTS APPROVAL TO DOWNHOLE COMMINGLE THE WILDCAT BLINEBRY POOL AND THE LOVINGTON DRINKARD POOL WITHIN THE SUBJECT WELLBORE. THE PLUG BETWEEN THE TWO INTERVALS WILL BE CLEANED OUT UPON APPROVAL OF THE DHC.

THE ROYALTY IS COMMON IN ALL ZONES. THE PROPOSED DOWNHOLE COMMINGLING WILL PROVIDE A MORE ECONOMICAL MEANS OF PRODUCTION. IT WILL ALLOW COMPLETE DEVELOPMENT OF THE PRODUCTIVE CAPACITY ON THE SUBJECT LEASE BY ALLOWING BOTH INTERVALS TO BE ARTIFICIALLY LIFTED SIMULTANEOUSLY. THIS WILL EXTEND THE PRODUCTIVE LIFE OF BOTH COMPLETIONS, THEREBY PREVENTING WASTE.

THE SUBJECT WELL MEETS ALL OF THE REQUIREMENTS AS SET FORTH BY RULE 303 (C). IT SHOULD BE NOTED THAT IT IS COMMON PRACTICE TO COMMINGLE BLINEBRY AND DRINKARD PRODUCTION WITH NO FLUID COMPATIBILITY PROBLEMS.

ALLOCATION OF PRODUCTION FOR EACH ZONE WILL BE BASED ON THE WELL TESTS OBTAINED FROM THE POOLS BEFORE DHC. THE TESTS SHOWED THE FOLLOWING:

WILDCAT BLINEBRY (NO POOL CODE AS YET) 11 OIL, 5 WTR, 10 GAS
LOVINGTON DRINKARD (POOL CODE #40490) 24 OIL, 5 WTR, 0 GAS

COMMINGLED PRODUCTION WILL BE ALLOCATED AS FOLLOWS:

WILDCAT BLINEBRY 31.4% OIL, 50% WATER, 100% GAS
LOVINGTON DRINKARD 68.6% OIL, 50% WATER, 0% GAS

THE SUBJECT WELL IS A FEE LEASE. THEREFORE NO COPY WILL BE SENT TO THE COMMISSIONER OF PUBLIC LANDS OF NEW MEXICO.

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 6/6/01

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY: _____ TITLE _____

DATE _____