

District I - (505) 393-6161

PO Box 1980

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

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

Originated 11/1/95

Submit Original

Plus 2 Copies

to appropriate

District Office

H-0002

APPLICATION FOR
QUALIFICATION OF PRODUCTION RESTORATION PROJECT
AND CERTIFICATION OF APPROVAL

THREE COPIES OF THIS APPLICATION MUST BE FILED WITH THE APPROPRIATE DISTRICT OFFICE OF THE OIL CONSERVATION DIVISION.

- I. Operator: Texaco Exploration & Production Inc. OGRID #: 022351
Address: PO Box 730; Hobbs, New Mexico 88240
Contact Party: Darrell J. Carriger Phone #: (505) 397-0426
- II. Name of Well: L Van Etten #5 API #: 30 025 06045
Location of Well:
Unit Letter J, 1980 Feet from the South line and 1980 feet from the East line, Section 9,
Township 20S, Range 37E, NMPM, Lea County
- III. Previous Producing Pool Name: Eunice Monument (Grayburg - San Andres)
- IV. Describe the process used to return the well to production. (Attach additional information if necessary):
Re-entered abandoned wellbore and recompleted to the Eumont Yates Seven Rivers Queen interval. Please see the attached C-103 for additional information.
- V. Date the Production Restoration Project was commenced: 6/22/95
Date the well was returned to production: 8/14/95
- VI. Identify the Oil Conservation Division records which show the Well had thirty (30) days or less production between January 1, 1993 and December 31, 1994:
[X] Ongard inactive well list; or [X] OCD Form C-115 (Operator's Monthly Report)

VII. **AFFIDAVIT:**

State of New Mexico)

) ss.

County of Lea)

Russell S. Pool, 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 for Qualification of a Production Restoration Project.
3. The data utilized to prepare this application is complete and correct.

R S Pal
(Name)

Hobbs Operating Unit Senior Engineer
(Title)

SUBSCRIBED AND SWORN TO before me this 15th day of Dec, 1995.

Pam D. Hunt
Notary Public Pam D. Hunt

My Commission expires: 9/13/97

FOR OIL CONSERVATION DIVISION USE ONLY:

VIII. CERTIFICATION OF APPROVAL:

This Application for Qualification of a Production Restoration Project is hereby approved and the above referenced Well is designated as a Production Restoration Project pursuant to the "Natural Gas and Crude Oil Production Incentive Act" (Laws 1995, Chapter 15, Sections 1 through 8). By copy of this Application and Certification of Approval, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that production was restored in this Production Restoration Project on:

8-14, 1995.

Jerry S. Senter
District Supervisor, District 1
Oil Conservation Division

Date: 12-21-95

IX. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT.
DATE: _____



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 06045
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	Van Etten, L.
8. Well No.	5
9. Pool Name or Wildcat	Eumont Yates 7R QN (Pro Gas)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3553'

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

1. Type of Well:	OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	P.O. BOX 730, HOBBS, NM 88240
4. Well Location	Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>9</u> Township <u>20S</u> Range <u>37E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3553'

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: ☒ Re-enter abandoned wellbore

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.

6/19/95: Dug out PA marker and cut off. Installed risers and well head. Risers inspected by NMOCD.
 6/21/95: MIRU. Installed BOP. Drilled out cement and dropped down to 990' and tagged up. Tested casing to 300 psi <held>.
 Drilled out cement from 990'-1064'. Circulated clean and shut down.
 6/22/95: Drilled out cement from 1064'-1280' and dropped down to 2337' and tagged up. Tested casing to 300 psi <held>.
 Drilled out cement from 2337'-2550' and dropped down to 3343' and tagged up. Drilled out cement from 3343'-3371'. Circulated clean.
 6/23/95: Drilled out cement from 3371'-3494' and dropped down to 3669' (PBDT). Tested casing to 300 psi <held>.
 Ran CNL with GR to surface.
 6/26/95: Perforated on interval f 3332'-3498. Acid treated with 2500g 15% NEFE + 230 ball sealers (Pmax=2900psi, Pmin=1400psi, Pav=1800psi, AIR=6 BPM, ISIP=490psi).
 6/29/95: Fracture stimulated formation with 62000g gel + 231920# 12/20 sand (Pmax=3950psi, Pav=3700psi, ISIP=1360psi, AIR=35 BPM).
 7/1/95: Cleaned out sand to 3620'.
 7/15/95-8/8/95: Returned well to production and tested.
 8/14/95: OPT test: 0 BO, 26 BW, 555 MCF (24 hour, pumping)

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

SIGNATURE Darrell J. Carriger TITLE Engineering Assistant

DATE 10/23/95

TYPE OR PRINT NAME Darrell J. Carriger

Telephone No. 397-0426

(This space for State Use)

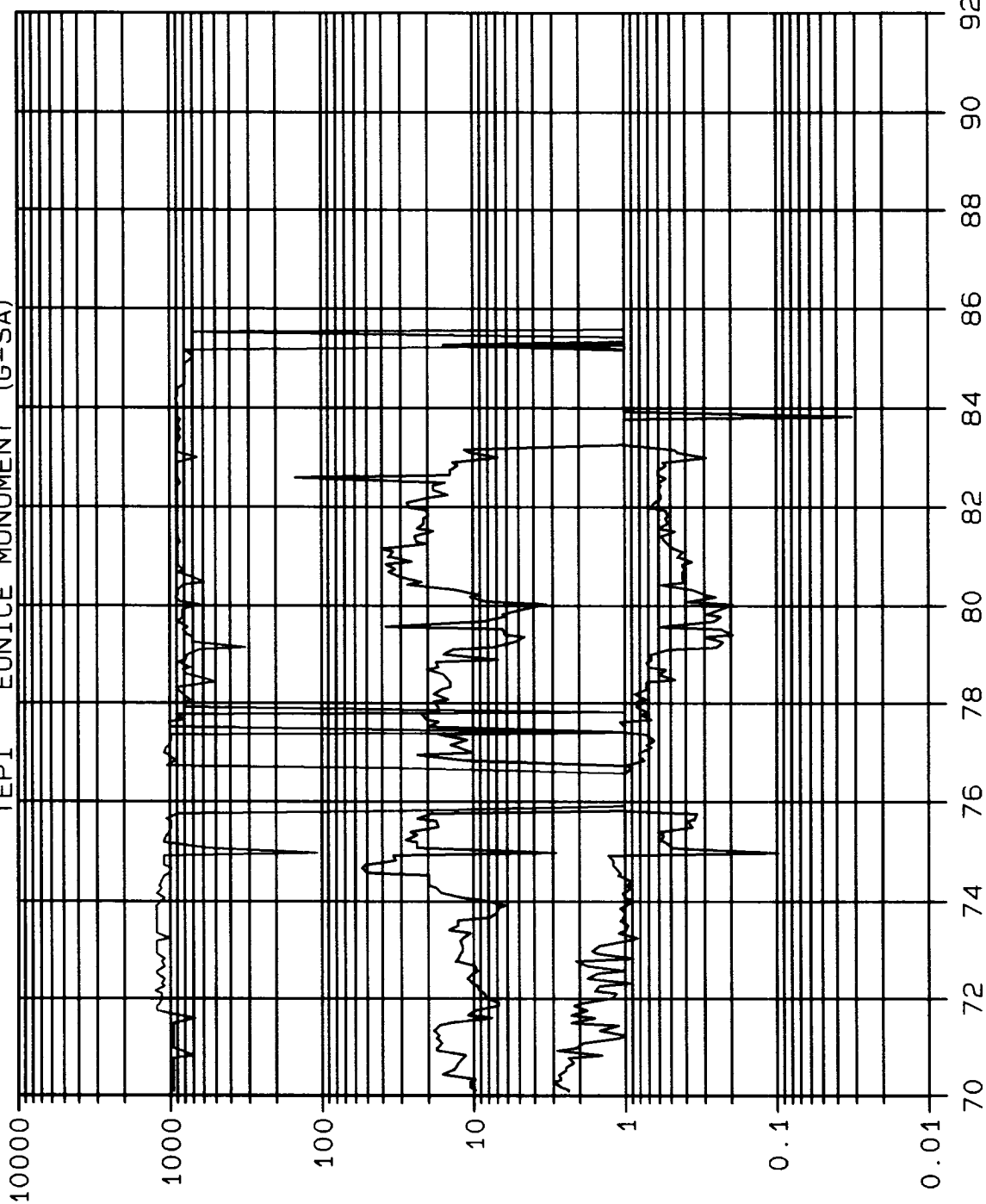
APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

VAN ETTEN, L. 5 EUNICE MONUMENT (G-SA)

TEPI EUNICE MONUMENT (G-SA)



BOPD
BWPD
MCFPD

YEARS

LEASE DATA
LSE 011127
FLD 23000
OPER TEPI
ZONE 23000
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COUNTY 25
STATE 30

STATUS 8-91
CO 467 MB0
CG 146 MMC
CW 4788 MBW
BOPD 0
BWPD 0
MCFPD 0
WELLS 1
CI 0 MBWI
BWIPD 0