

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)

30-025-31727

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

1. VAN ETEN

8. Well No.

13

9. Pool name or Wildcat

MONUMENT TUBB

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 ☐

2. Name of Operator

TEXACO EXPLORATION AND PRODUCTION INC.

3. Address of Operator

P.O. BOX 730 HOBBS, NEW MEXICO 88240

4. Well Location

Unit Letter K : 1653 Feet From The SOUTH Line and 2307 Feet From The WEST Line

Section 9 Township 20-S Range 37-E NMPM LEA County

10. Proposed Depth

6765'

11. Formation

TUBB

12. Rotary or C.T.

-

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

3541' GR

14. Kind & Status Plug. Bond

-

15. Drilling Contractor

-

16. Approx. Date Work will start

11-22-93

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
14 3/4"	11 3/4"	42#	1150'	900 SX	CIRC
11	8 5/8"	32#	4000'	1650 SX	CIRC
7 5/8"	5 1/2"	15.5# & 17#	7875'	1500 SX	CIRC

THIS WELL CURRENTLY PRODUCES FROM THE CASS PENN

1. MIRU. TOH W/ PROD EQUIP. C/O TO 6800'.

2. SET CIBP @ 6800' & CAP 2/ 35' CMT W/ DUMP BAILER.

3. TST CSG TO 500#. PERF TUBB W/ 2 JSPF FR 6327'-6546' (128 FT - 256 HLES)

4. SET PKR w 6350', A/ TUBB PERFS W/ 3500 GALS 15% NEFE. MAX P = 4200#, AIR = 10 BPM.

5. FRAC TUBB PERFS W/ 67,000 GALS 35# XL GEL, 228,000# 20/40 OTTAWA & 60,000# 12/20.
MAX P = 4900#, AIR = 35 BPM.

6. TOH W/ PKR & RETURN WELL TO PRODUCTION.

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



TITLE

ENGINEER'S ASSISTANT

DATE

11-19-93

TYPE OR PRINT NAME

MONTE C. DUNCAN

TELEPHONE NO. 393-7191

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

NOV 22 1993

CONDITIONS OF APPROVAL, IF ANY: