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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name L. R. Kershaw	
2. Name of Operator Texaco Inc.		9. Well No. 11 (East String)	
3. Address of Operator P. O. Box 3109 Midland, Texas 79701		10. Field and Pool or Wildcat Eumont Yates 7 Rivers Queen	
4. Location of Well UNIT LETTER <u>E</u> LOCATED <u>1654</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>13</u> TWP. <u>20-S</u> RGE. <u>37-E</u> NMPM			
		12. County Lea	
		19. Proposed Depth 3865' P.B.	
		19A. Formation Eumont Yates 7 Rivers Queen	
		20. Rotary or C.T. N.A.	
21. Elevations (Show whether D.F., RT, etc.) 3566' D.F.		21A. Kind & Status Plug. Bond Existing	
		21B. Drilling Contractor	
		22. Approx. Date Work will start May 26, 1980	

23. ~~PROPOSED~~ CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"	17.28#	1366'	600	Cement Circ.
7-7/8"	2-7/8"	6.5#	6647'	800	Cement Circ.

NOTE: We propose to cement across the Eumont Yates 7 Rivers Queen and recomplete the East String of subject well in the Eumont Yates 7 Rivers Queen Field. This well will be dually completed in the Eumont Yates 7 Rivers Queen and Monument Tubo Fields.

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. Division Engineer Date April 23, 1980

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR / APPROVER DATE _____
CONDITIONS OF APPROVAL, IF ANY: