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5A. Indicate Type of Lease
STATE ☒ FEE ☐

5. State Oil & Gas Lease No.
LG-893

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>				7. Unit Agreement Name	
2. Name of Operator TEXACO Inc.				8. Farm or Lease Name New Mexico "DW" State	
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240				9. Well No. 1	
4. Location of Well UNIT LETTER F LOCATED 1980 FEET FROM THE North LINE AND 1866 FEET FROM THE West LINE OF SEC. 6 TWP. 22S RGE. 35E NMPM				10. Field and Pool, or Wildcat Grama Ridge Morrow, East	
12. County Lea					
19. Proposed Depth 13,200		19A. Formation Morrow		20. Rotary or C.T. Rotary	
21. Elevations (show whether DF, RT, etc.) 3632' G.L.		21A. Kind & Status Plug. Bond Blanket		21B. Drilling Contractor N.A.	
				22. Approx. Date Work will start 12-1-84	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
26"	20"	94#	30'	Redimix	Surface
17-1/2"	13-3/8"	48#	400'	600 sxs	Surface
12-1/4"	9-5/8"	40#	5650'	4550 sxs	Surface
8-1/2"	7"	26#	11000'	1750 sxs	Surface
6-1/8"	5"	18#	10700'-13200'	200 sxs	10700'

SURFACE CASING: 13-3/8"

Well will be drilled with F.W. mud from surface to 400' and cement circulated to surface on the 13-3/8" surface string. Cement: 600 sxs Class "H" w/2% CaCl₂.

1ST INTERMEDIATE: 9-5/8"

Well will be drilled with a 10# brine water mud system w/LCM as required.
1st Stage Cement: 900 sxs Light w/1/4# flocele followed by 150 sxs Class "H" w/1/4# flocele. DV Tool @ 3500'.
2nd Stage: 3500 sxs Light w/15# salt and 1/4# flocele.

(Continued on following page)

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 5/8/85
UNLESS DRILLING UNDERWAY

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 WABaker II Title Dist. Operations Manager Date 11/5/84

(This space for State Use)

APPROVED BY Oil & Gas Division TITLE DATE NOV - 8 1984

CONDITIONS OF APPROVAL, IF ANY: