

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)
30-025-06609

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-9188

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

7. Lease Name or Unit Agreement Name

STATE "S"

8. Well No.

2

9. Pool name or Wildcat

Penrose Skelly Grayburg

4. Well Location

Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line

Section 15 Township 21-S Range 37-E NMPM Lea County

10. Proposed Depth

3944'

11. Formation

Grayburg

12. Rotary or C.T.

-

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

3456' DF

14. Kind & Status Plug. Bond

-

15. Drilling Contractor

-

16. Approx. Date Work will start

8-30-93

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	36#	280'	300	CIRC
11"	8 5/8"	32# & 36#	2603'	1200	CIRC
7 3/8"	5 1/2"	15.5 #	6630'	500	3623'

1. KILL WELL, LOAD TBG & BS. MIRU PULLING UNIT, TOH W/ TBG & PKR. RUN BIT & SCRAPER IF NECESSARY.
2. SET CIBP @ 6130' & CAP W/ 35' CMT BY DUMP BAILER. SET CIBP @ 5570' & CAP W/ 35' CMT BY DUMP BAILER.
3. RUN CMT BOND LOG FR 5000'-2600'. IF TOC BELOW 3800', PERF SQZ HLES IN 5 1/2" CSG @ TOC & CIRC CMT TO SURF.
4. D/O CMT, TST CSG. SET PKR @ 3810', LOAD HLE W/ 10# BRINE
5. PERF GRAYBURG FR 3840'-3944' THRU TBG W/ 2 JSPF DYNASTRIIP GUN.
6. A/ PERFS W/ 4000 GAL 15% NEFE. SWAB WELL TO PRODUCTION.
7. RUN STATE FOUR POINT TEST.

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 Monte C. Duncan TITLE Engineer's Assistant DATE 8-27-93

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 AUG 31 1993

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG 30 1993

**U.S. HOUSE
OF REPRESENTATIVES**