STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-78

5A. Indicate Type of Lease STATE ☐ FEE ☒

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work
b. Type of Well
DRILL ☐ DEEPEN ☐ PLUG BACK ☒
OIL WELL ☐ GAS WELL ☒ OTHER SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Unit Agreement Name

8. Farm or Lease Name: Baker "B"

2. Name of Operator: TEXACO PRODUCING, INC.

9. Well No.: 13

3. Address of Operator: P.O. Box 728, Hobbs, N.M. 88240

10. Field and Pool, or Wildcat: Tubb

4. Location of Well UNIT LETTER L LOCATED 1980 FEET FROM THE South LINE AND 990 FEET FROM THE West LINE OF SEC. 10 TWP. 22S RGE. 37E NMPM

12. County: LEA

19. Proposed Depth	19A. Formation	20. Rotary or C.T.
6270'	Tubb	N.A.

21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
3419' D.F.	Blanket	N.A.	October, 1985

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15 1/2"	13 3/8"	44.5#	158'	150	Cmt. Circ.
11 1/4"	9 5/8"	36#	2715'	1000	Cmt. Circ.
8 1/4"	7"	23#	5230'	350	Calc. TOC @ 2201'
6 1/8"	4 1/2"	10.5#	4929'-6539'	250	Cmt. Circ.

It is proposed to plug back from the current Drinkard perfs @ 6370'-6424' and completed in the TUBB at 5980'-6107'. A CIBP will be set at 6300' and capped with 35' of cement, new PBTD 6270'. The TUBB will be perforated and acidized with 3,000 gallons of 15% NEFE HCL and then fractured treated with 30,000 gallons of X-Linked GEL and 71,000# of 20-40 sand. A Baker Lok-Set packer will then be run on 2 3/8" tubing to 5900' and the well returned 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.

Signed W. B. Crider Title Dist. Opr. Mgr. Date August, 1985

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: