## OIF COMPERANTION PLAISION

## P. O. BOX 2088 **SANTA FE, NEW MEXICO 875**

Form C-107 Revised 2-1-82

## APPLICATION FOR MULTIPLE COMPLETION

Texaco Producing Co.	Lea	11-28-9	0
Operator	County	Date	
P.O. Box 730 Hobbs, N	M 88240 E.E. B1	· A	-1 #3 <b>Com.</b>
Address	Lease	Well No	=
1980' FSL&FWL K 3	1 23-S	37-E	
Location Unit Se of Well	ection Township		
All Applicants for multip	le completion must com	plete Items 1 and 2 be	elow.
1. The following facts are submitted:	Upper Zone	Intermediate Zone	Lower Zone
a. Name of Pool and Formation	Jalmat- Yates &7Rive	rs	Langlie-Mattix Queen
<ul> <li>Top and Bottom of Pay Section (Perforations)</li> </ul>	2983-3223 Perfs.		3440-3608 Open Hole
<ul><li>c. Type of production (Oil or Gas)</li></ul>	Gas		Water Injection
<ul> <li>d. Method of Production (Flowing or Artificial Lift)</li> </ul>	Flowing		pressure injection
e. Daily Production Actual X Estimated Oil Bbls. Gas MCF Water Bbls.	600 mcfpd		515 bwpd @ 1200 psi
diameters and setting other information as  b. Plat showing the localeases, and the name:  c. Electrical log of the	of the Multiple Comple g depths, centralizers top of cement, perfora g depth, location and may be pertinent. ation of all wells on s and addresses of ope	and/or turbolizers and ted intervals, tubing type of packers and si applicant's lease, all rators of all leases or the locality to the second	d location thereof, strings, including de door chokes, and such offset wells on offset ffsetting applicant's lea
		reon. (If such log is itted as provided by R	
hereby certify that the ind belief.	information above is		hė best of my knowledge 11-28-90
This space Official Month	BY JERRY SEXTON' SUPERVISOR Itle	·	Date #
		l result in an unortho one or more of the pr e same should be filed	

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HOSES OFFICE