

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 OIL WELL <input checked="" type="checkbox"/> GAS WELL <input 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 Producing Inc.		8. Farm or Lease Name HNG State 4F State	
3. Address of Operator P.O. Box 728, Hobbs, N.M. 88240		9. Well No. 1	
4. Location of Well UNIT LETTER F LOCATED 1980 FEET FROM THE North LINE AND 1650 FEET FROM THE West LINE OF SEC. 4 TWP. 24S RGE. 33E NMPM		10. Field and Pool, or Wildcat Wildcat	
11. Elevations (show whether DF, KT, etc.) 3588' G.L.		12. County Lea	
21A. Kind & Status Plug. Bond Blanket		19. Proposed Depth 12,170'	
21B. Drilling Contractor N.A.		19A. Formation Bone Springs	
22. Approx. Date Work will start July, 1985		20. Rotary or C.T. N.A.	

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"	48#	702'	1100	Surface
12 1/4"	9 5/8"	36#	5200'	1450	Surface
8 1/2"	7"	23# & 26#	12,710'	1850	5145' T.X.
6 1/8"	5"	17.93#	12,270-16,200'	340	12,860' C.B.L.

1. Kill well, install BOP and pull and lay down packer and tubing.
2. Set CIBP @ 13,100' with 35' cement on top.
3. Perf 2 squeeze holes at 12,760' and set retainer at 12740' and squeeze with 50 sx. "H".
4. Spot 30 sx. plug across liner top at 12,170'-12,370'.
5. Run tbg. and pkr. to 10,300' and test plug to 2500 PSI, swab down to 3000'.
6. Run perforations log from 10,300' to 10,500' and perf Bone Springs at 10,396'-10,451' with 17 holes.
7. Acidize perfs with 5000 gal. 15% HCL and balls, swab test.
8. If necessary, frac with 32,000 gal. gel (30% CO₂) and 60,000# 20/40 sand.
9. SI for 2 hours, flow back and test.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUS 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. Cade Title Dist. Opr. Mgr. Date 6/12/85

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 17 1985