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U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1327	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name	
DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		Myers Langlie Mattix Ut.	
2. Name of Operator		9. Well No.	
Texaco Producing Inc.		257	
3. Address of Operator		10. Field and Pool, or Wildcat	
P. O. Box 728, Hobbs, New Mexico 88240		Langlie Mattix Seven Rivers and Queen	
4. Location of Well UNIT LETTER <u>H</u> LOCATED <u>2630</u> FEET FROM THE <u>N</u> LINE AND <u>50</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>32</u> TWP. <u>23-S</u> RGE. <u>37-E</u> NMPM		12. County	
		Lea	
19. Proposed Depth		19A. Formation	
3690'		Seven Rivers Queen	
20. Rotary or C.T.		Rotary	
21. Elevations (show whether DF, RT, etc.)		22. Approx. Date Work will start	
3283' GR		February 20, 1986	
21A. Kind & Status Plug. Bond		21B. Drilling Contractor	
Blanket			

23. 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"		40'	Redi-mix	Surface
12-1/4"	8-5/8"	24#	1150'	800	Circulate
7-7/8"	5-1/2"	15.5#	3690'	500	Circulate

CEMENTING PROGRAM

Surface casing: 800 sks Class "H" with 2% CaCl and 1/4# Flocele (1.18 cu. ft/sx, 15.6 ppg)

Production casing: 1st stage - 200 sks 50/50 Poz H with 1/4# Flocele (1.26 cu ft/sx, 14.15 ppg)

2nd stage - 300 sks Lite weight with 1/4# Flocele and 15# salt (2.10 cu ft/sk, 12.7 ppg) (DV Tool @ 2800')

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

NSL-2268

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. A. Baker II Title District Drilling Manager Date 1-21-86

(This space for State Use)
APPROVED BY DISTRICT SUPERVISOR TITLE DISTRICT SUPERVISOR DATE JAN 24 1986
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JAN 23 1986
O.C.D.
HUBBS OFFICE