CONDITIONS OF AFPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-101 Revised 1-1-89

Submit to Appropriate District Office State Lease - 6 copies Fee Lease - 5 copies
DISTRICT I

DISTRICT I P.O. Box 1980, Hobbs, NA	4 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088			API NO. (assigned by OCD on New Wells) 30-625-32107		
DISTRICT II P.O. Drawer DD, Artesia, I		Jama I C, I TOW ITICATOO	4,541 2000		5. Indicate Type of	STATE FEE X	
DISTRICT III 1000 Rio Brezos Rd., Azzec, NM 87410					6. State Oil & Gas l	Lease No.	
	TION FOR PERMIT	TO DRILL, DEEPEN, C	R PLUG BACK				
1a. Type of Work:		-			7. Lease Name or U	Juit Agreement Name	
DRILL b. Type of Well:	L X RE-ENTE	SDKT.R	PLUG BACK MULTIPLE	_	B. F. HARRIS	SON 'B'	
Mar X Mar [OTHER	20NE	X ZONE	\sqcup			
2. Name of Operator TEXACO EXPLOR.	ATION AND PRODUC	TION INC.			8. Well No.	11	
1. Address of Operator					9. Pool name or Wildcat		
P. O. Box 3109, Midland, Texas 79702					UNDESIGNAT	'ED (GLORIETA)	
4. Well Location Unit Letter C Section 9		Prom The NORTH	Line and 21		Reet Prom TI	he WEST Line	
	///////////////////////////////////////			//// 11. For		12. Rotary or C.T.	
		10. Proposed Depth	400'		ORIETA/PADDO	1 1	
13. Elevations (Show whath GR-3312'	er DF, RT, GR, etc.)	14. Kind & Status Plug. Bond BLANKET	15. Drilling Cont			prox. Date Work will start JULY 15, 1993	
17.		ROPOSED CASING AN	ID CEMENT PR	OGR/	AM		
	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEP		SACKS OF CEM	ENT EST. TOP	
SIZE OF HOLE 20	SIZE OF CASING	65#	40'		REDI-MIX	SURFACE	
14 3/4	11 3/4	42#	1180'		500	SURFACE	
*11	8 5/8	32#	3750'		1150	SURFACE	
7 7/8	5 1/2	15.5#	5400'		400	SURFACE	
C w/ 2% Cacl2 (14.6) NTERMEDIATE CASIN SACKS CLASS H w/ PRODUCTION CASING: F/B 200 SACKS CLA	10 SACKS CLASS C Bppg, 1.34cf/s, 6 G: 900 SACKS 50/ 2% Cacl2 (15.6ppg 200 SACKS 35/65 SS H (15.6ppg, 1.	w/ 2% GEL, 2% Cacl2 .3gw/s). 50 POZ H w/ 2% GEL, ₁ , 1.18cf/s, 5.2gw/s) 5 POZ H w/ 6% GEL, 5%	5% SALT (14.2p 6 SALT, 1/4# FI	opg, 1 LOCEL	1.35cf/s, 6.3g	w/s). F/B 250	
ZONE. GIVE BLOWOUT PREV. I hereby certify that the infon	ENTER PROGRAM, IF ANY. Instine above is true and comp	GRAM: IF PROPOSAL IS TO DEEPEL	belief.			DATE	
TYPE OR PRINT NAME C. I	P. BASHAM				 	ТЕLЕРНОМЕ НО. 915-688-4	
	ORIGINAL SIGNED B DISTRICT I SL	IBEDVICAD	1E			DATE	
APPROVED BY	D 43/36					JUL 12 1993	

JUL 0 9 1**99**3

OCO HUBBA AFFICE