

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)

32-025-32228

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

F. B. DAVIS

2. Name of Operator

TEXACO EXPLORATION AND PRODUCTION INC.

8. Well No.

3

3. Address of Operator

P. O. Box 3109, Midland, Texas 79702

9. Pool name or Wildcat

TEAGUE-NORTH, BLINEBRY

4. Well Location

Unit Letter H : 1880 Feet From The NORTH Line and 565 Feet From The EAST Line

Section 8 Township 23-SOUTH Range 37-EAST NMPM LEA County

10. Proposed Depth

6000'

11. Formation

BLINEBRY

12. Rotary or C.T.

ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)

GR-3321'

14. Kind & Status Plug. Bond

BLANKET

15. Drilling Contractor

16. Approx. Date Work will start

OCTOBER 1, 1993

17.

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#	40'	REDI-MIX	SURFACE
12 1/4	8 5/8	24#	1180'	650	SURFACE
7 7/8	5 1/2	15.5# & 17#	6000'	1525	SURFACE

CEMENTING PROGRAM: CONDUCTOR - READYMIX.

SURFACE CASING: 450 SACKS CLASS C w/ 4% GEL, 2% CaCl₂ (13.5ppg, 1.74cf/s, 9.1gw/s). F/B 200 SACKS CLASS C w/ 2% CaCl₂ (14.8ppg, 1.34cf/s, 6.3gw/s).

PRODUCTION CASING: 1st STG: 650 SACKS CLASS H (15.6ppg, 1.19cf/s, 5.2gw/s).

DV TOOL @ 3750' - 2nd STG: 775 SACKS 35/65 POZ H w/ 6% GEL, 5% SALT, 1/4# FLOCELE (12.8ppg, 1.94cf/s, 10.4gw/s). F/B 100 SACKS CLASS H (15.6ppg, 1.18cf/s, 5.2gw/s).

THERE ARE NO OTHER OPERATORS IN THIS 1/4 1/4 SECTION.

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.

SIGNATURE C. P. Basham / cwb TITLE DRILLING OPERATIONS MANAGER DATE 09-08-93

TYPE OR PRINT NAME C. P. BASHAM

TELEPHONE NO. 915-688-4620

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE SEP 10 1993

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

RECEIVED

SEP 09 1993

SOB NO. 100
OFFICE