

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-131
Revised February 10, 1994

DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION

Instructions on back
Submit to Appropriate District Office
State Lease - 6 Copies
Fee Lease - 5 Copies

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

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

DISTRICT IV
P.O. Box 2088, Santa Fe, NM 87504-2088

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

¹ Operator Name and Address TEXACO EXPLORATION & PRODUCTION INC. 205 E. Bender, HOBBS, NM 88240		² OGRID Number 022351
		³ API Number 30 025 11143
⁴ Property Code 010917	⁵ Property Name COOPER JAL UNIT	⁶ Well No. 110

⁷ Surface Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
I	18	24S	37E		1980	SOUTH	660	EAST	LEA

⁸ Proposed Bottom Hole Location If Different From Surface

UI or lot no.	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
⁹ Proposed Pool 1 JALMAT TANSIL-YATES-SEVEN RIVERS (PRO GAS)					¹⁰ Proposed Pool 2				

¹¹ Work Type Code P	¹² WellType Code G	¹³ Rotary or C.T. R	¹⁴ Lease Type Code P	¹⁵ Ground Level Elevation 3303 GL
¹⁶ Multiple No	¹⁷ Proposed Depth 3365'	¹⁸ Formation JALMAT	¹⁹ Contractor PRIDE	²⁰ Spud Date 8/21/96

²¹ Proposed Casing and Cement Program

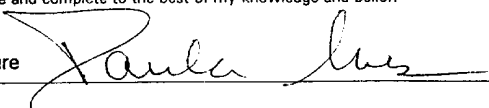
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11-1/4"	8-5/8"	32#	1200'	700	SURFACE
8"	5-1/2"	14#	3450'	250	2566'
4.75" OPEN			3587'		

²² Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone.
Describe the blowout prevention program, if any. Use additional sheets if necessary.

TEXACO INTENDS TO CONVERT INJECTOR TO A PRODUCER.

Permit Expires 1 Year From Approval
Date Unless Drilling Underway
Plugback

- 1) MIRU, POOH INJ TBG & PKR.
- 2) MIRU, TIH W/CIBP AND SET @ 3400'. DUMP 35' CMT ON TOP. PBD 3365'. ABANDON LANGLEY MATTIX ZONE.
- 3) PERFORATE THE JALMAT INTERVAL.
- 4) ACIDIZE JALMAT PERFS.
- 5) FRAC JALMAT PERFS.
- 6) RIH TBG, RODS & PUMP, PUT ON PRODUCTION.

²³ I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION DIVISION	
Signature 		ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR	
Printed Name Paula S. Ives		Approved By:	
Title Engineering Assistant		Title:	
Date 8/7/96		Approval Date: AUG 12 1996	Expiration Date:
Telephone 397-0432		Conditions of Approval: Attached <input type="checkbox"/>	

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration and Production Inc.	Well API No. 30 025 11143
Address P. O. Box 730 Hobbs, New Mexico 88240-2528	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE 6-1-91	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528	

II. DESCRIPTION OF WELL AND LEASE

Lease Name COOPER JAL UNIT	Well No. 110	Pool Name, Including Formation LANGLIE MATTIX 7 RVRS Q GRAYBURG	Kind of Lease State, Federal or Fee FEE	Lease No. 141560
Location Unit Letter I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 18 Township 24S Range 37E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil INJECTOR	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas INJECTOR	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature K. M. Miller
K. M. Miller Div. Ops. Engr.
Printed Name Title
April 25, 1991 915-688-4834
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

JUN 6 3 1991

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.