District I
 - (505) 393-6161

 PO Box 1980

 HUDbs, NM 88241-1980

 District II
 - (505) 748-1283

 811 S. First

 Artesia, NM 88210

 District III
 - (505) 334-6178

 1000 Rio Brazos Road

 Aztec, NM 87410

New Mexico Litergy Minerals and Natural Resources Department Oil Conservation Division 2040 South Pacheco Street Santa Fe, New Mexico 87505 (505) 827-7131 Form C-139 Originated 11/1/95

51-6

Submit Original Plus 2 Copies to appropriate District Office

H-カ13

APPLICATION FOR QUALIFICATION OF PRODUCTION RESTORATION PROJECT AND CERTIFICATION OF APPROVAL

THREE COPIES OF THIS APPLICATION MUST BE FILED WITH THE APPROPRIATE DISTRICT OFFICE OF THE OIL CONSERVATION DIVISION.

I. Operator: <u>Texaco Exp</u>	pration & Production Inc.	OGRID #:022351	
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Address: 205 E. Bender Blvd.; Hobbs, NM 88240

Contact Party: Paul Wilcox Phone #: (505) 397-0419

- III. Previous Producing Pool Name: Langlie Mattix 7 RVRS Q Grayburg
- IV. Describe the process used to return the well to production. (Attach additional information if necessary): <u>Converted from SHUT-IN WIW to Producer</u>
- V.
 Date the Production Restoration Project was commenced:
 5-16-96

 Date the well was returned to production:
 6-04-96
- VI. Identify the Oil Conservation Division records which show the Well had thirty (30) days or less production between January 1, 1993 and December 31,1994:

[X] Ongard inactive well list; or [X] OCD Form C-115 (Operator's Monthly Report)

VII. AFFIDAVIT:

State of <u>New Merico</u>) County of <u>hea</u>) ss.

Russell Pool_____, being first duly sworn, upon oath states:

- 1. I am the Operator or authorized representative of the Operator of the above referenced Well.
- 2. I have personal knowledge of the facts contained in this Application for Qualification of a Production Restoration Project.
- 3. The data utilized to prepare this application is complete and correct.

(Name)

Senior Engineer Hobbs Operating Unit

(Title)

SUBSCRIBED AND SWORN TO before me this ____22___

_day of __August_, 19_96

Notary Public Pam D. Hunt

My Commission expires: 9/13/97

FOR OIL CONSERVATION DIVISION USE ONLY:

VIII. CERTIFICATION OF APPROVAL:

This Application for Qualification of a Production Restoration Project is hereby approved and the above referenced Well is designated as a Production Restoration Project pursuant to the "Natural Gas and Crude Oil Production Incentive Act" (Laws 1995, Chapter 15, Sections 1 through 8). By copy of this Application and Certification of Approval, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that production was restored in this Production Restoration Project on:

District Supervisor, District Oil Conservation Division

Date:_

IX. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT. DATE: _____

		State of New N	Aexico				
Submit 3 copies Appropriate Ener Vinerals and Natural Resources Department District Office					Form C-103 Revised 1-1-89		
DISTRICT I	WELL API NO.						
P.O. Box 1980, Hobbs, NM 882	30 025 11145						
DISTRICT II P.O. Box Drawer DD, Artesia, NM	5. Indicate Type of Lease						
DISTRICT III	STATE	FEE 🔀					
1000 Rio Brazos Rd., Aztec, NM	6. State Oil / Gas Lease No.						
	Y NOTICES AND REP						
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT				7. Lease Name or Unit Agreement	Name		
(F	COOPER JAL UNIT						
1. Type of Well: OIL WELL							
2. Name of Operator TEXA		8. Well No. 101					
3. Address of Operator 205 E	9. Pool Name or Wildcat JALMAT;GAS						
4. Well Location				JALMAT, DAS			
Unit Letter <u>C</u> ; 660 Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line							
Section <u>18</u>	Township24S		-	PM LEA_ CO	UNTY		
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3306 GL							
11. Che	eck Appropriate Box	to Indicate Nat	ure of Notice, Report	, or Other Data			
NOTICE OF INTE	NTION TO:		SU	BSEQUENT REPORT O	F:		
	PLUG AND ABAND		REMEDIAL WORK	ALTERING CASING			
	CHANGE PLANS		COMMENCE DRILLING OPE				
PULL OR ALTER CASING							
OTHER:	······································		OTHER:	Recomplete to Jalmat	\boxtimes		
 ^{12.} Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. 5-16-96 MIRU Pride. Install BOP. Laydown cmt. lined tbg. & 7" pkr.SDFN 5-17-96 RU Halib.wi Set 7" CIBP @ 3300'TOH. TIH w/ GR-CCL-CBL log 3300-2300.Log showed TOC @ 2950', no cement between 9-5/8-7" annulas. Dumped 35' of cement on top of CIBP new (PBTD) 3265'. SDFWE 5-20-96 RU Halib & perf 2 squeeze holes @ 2900'. 46"RD halib. TIH w/ 7" cmt. retainer on 2-7/8 ws set retainer @ 2795'. Mix & pump 375 sxs Class C neat 1.32 yield & 14.8# /gal.max press=650#,min press=60#,AIR=2BPM,circ. 21 sxs to pit.Sting out of retainer dump 1bbl cement on top of retainer TOH w/ tbg. SD Job complete 5-21-96 WOC 18hrs TIH w/ 6" bit & 6-4-3/4 D.C"s on 2-7/8 ws tag retiner @ 2795'.Drill up retainer & 10' soft cement below. SD WOC 5-22-96 Drill med. cement to 2955' fell through. Lower tools & tag. 3259'.Pressure csg to 500# for 30mins OK. Circ. hole w/ 2% KCL fresh.TOH & laydown WS & tools. SDFN 5-23-96 RU Halib. & perf. 7" csg Jalmat zone w/ 4" csg gun 120 deg. phasing 2JSPF 2900-3166' 178 .46" holes RD Halib.TIH w/ 7" pkr. on 3-1/2 ws tested to 8000#. Set pkr. @ 2807'.Install 10,000# frac tree.Test backside to 500# OK SDFN 5-24-96 RU Halib. & perf. 7" csg Jalmat zone w/ 4" csg gun 120 deg. Phasing 2JSPF 2900-3166' 178 .46" holes RD Halib.TIH w/ 7" pkr. on 3-1/2 ws tested to 8000#. Set pkr. @ 2807'.Install 10,000# frac tree.Test backside to 500# OK SDFN 5-24-96 RU Halib. & perf. 7" csg Jalmat zone w/ 4" csg gun 200 deg. Phasing 2JSPF 2900-3166' 178 .46" holes RD Halib.TIH w/ 7" pkr. on 3-1/2 ws tested to 8000#. Set pkr. @ 2807'.Install 10,000# frac tree.Test backside to 500# OK SDFN 5-24-96 B'Y DOWELL FRAC VIA 3-1/2 TBG 7" JALMAT CSG. PERFS 2900-3166 W/ 154,140 GALS 50 QUALITY CO2 CARRYING 387,240# 12/20 BRADY SAND. BAX PRESS=							
7-24-96 POB 24 HRS 0-BO 7-BW 330-MCF OPT							
I hereby certify that the information above is true a SIGNATURE	ind complete to the best of my knowle	-	eering Assistant	D			
TYPE OR PRINT NAME	Paula S, Ives	_ 111LE		DATE <u>8/21/</u> Telephone No. 39	96		
(This space for State Use)			· · · · · · · · · · · · · · · · · · ·				
APPROVED BY		TITLE					
CONDITIONS OF APPROVAL, IF AN	Y:		····	DATE			