

District I - (505) 393-6151
1625 N. French Dr
Hobbs, 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
District IV - (505) 827-7131

New Mexico
Energy Minerals and Natural Resources Department
Oil Conservation Division
2040 South Pacheco Street
Santa Fe, New Mexico 87505
(505) 827-7131

Form C-139
Revised 06/99

SUBMIT ORIGINAL
PLUS 2 COPIES
TO APPROPRIATE
DISTRICT OFFICE

APPLICATION FOR
PRODUCTION RESTORATION PROJECT

17-0658

I. Operator and Well:

Operator name & address Texaco Exploration & Production Inc. 500 N Loraine, Midland Texas, 79702							OGRID Number 022351		
Contact Party Mike Quintana							Phone 505-394-9307		
Property Name State L					Well Number 4		API Number 30-025-11419		
UL E	Section 2	Township 25 S	Range 37 E	Feet From The 1655	North/South Line North	Feet From The 990	East/West Line West	County Lea	

II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools):	
Date Production Restoration started: 5/8/00	Date Well Returned to Production: 5/15/00
Describe the process used to return the well to production (Attach additional information if necessary): Clean out and acidize. (Workover procedure attached)	

III. Identify the period and Division records which show the Well had thirty (30) days or less production for the twenty-four consecutive months prior to restoring production: Well was shut in uneconomical to produce.

Records Showing Well produced less than 30 days during 24 month period: [X] Well file record showing that well was plugged [] ONGARD production data [X] OCD Form C-115 (Operator=s Monthly Report)		Month/Year (Beginning of 24 month period): 10/97
		Month/Year (End of 24 month period): 4/00

IV. Affidavit:

State of New Mexico)
County of Lea) ss.
Denise Wahn, 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.
3. To the best of my knowledge, this application is complete and correct.
Signature Denise Wahn Title Senior Engineer Date 2-6-01
SUBSCRIBED AND SWORN TO before me this 26th day of Feb, 2001.
Notary Public John Ayers
My Commission expires: 2-29-04

FOR OIL CONSERVATION DIVISION USE ONLY:

V. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a Production Restoration Project. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that production was restored on: 5/15/00

Signature District Supervisor <u>Paul J. Kautz</u>	OCD District <u>1</u>	Date <u>2/15/01</u>
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VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: _____

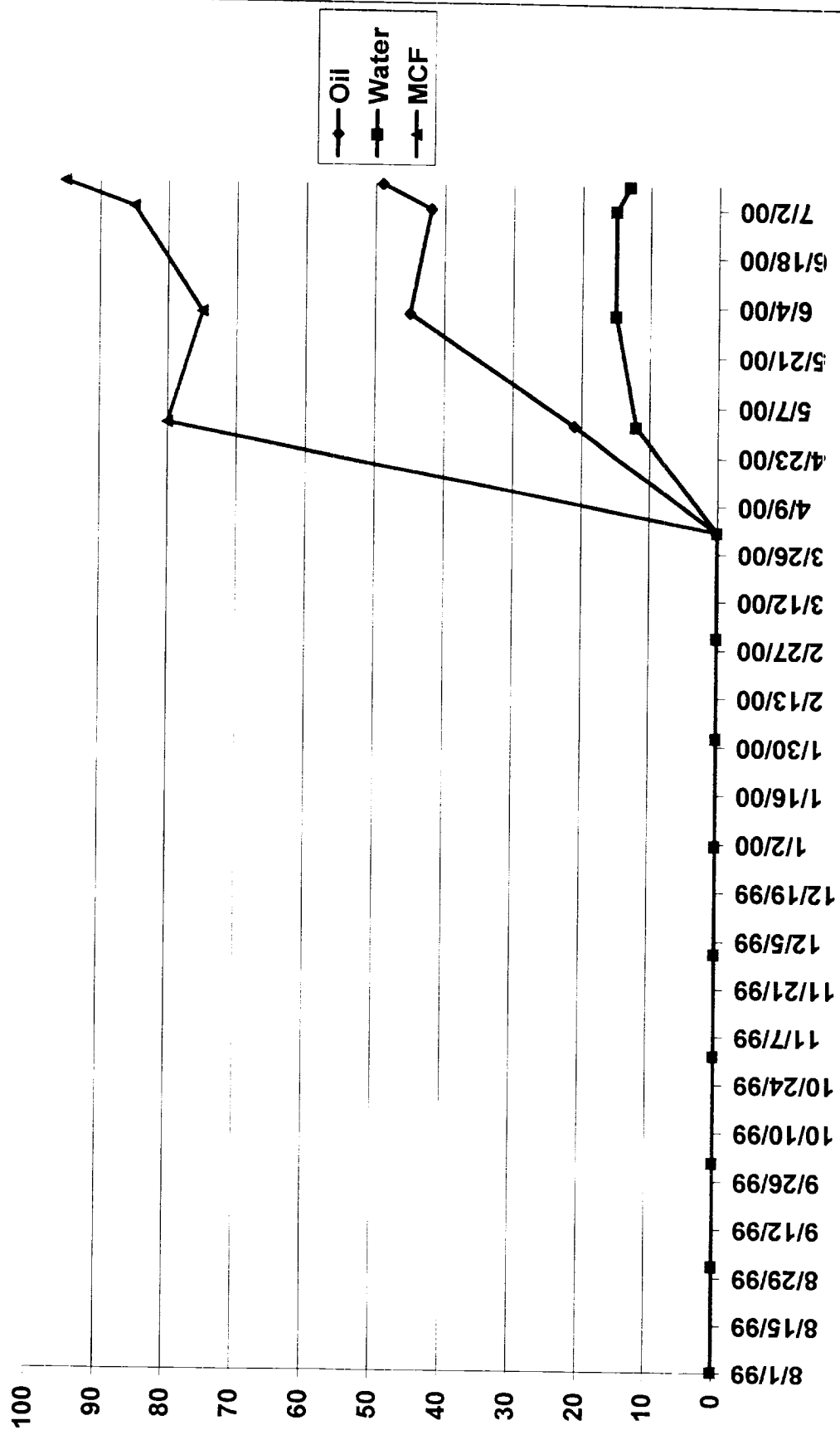
State L #4 Workover Procedure

DATE: 4/20/00
PREPARED: Mike Quintana
WORK: Sonic Hammer Acidize Blinebry and Tubb/Drinkard, Scale squeeze
CURRENT: Perf's; 5260'-5335' (U. Blinebry), 2 spf (56') 112 holes in 5-1/2", 17#. 5368'-5723' (L. Blinebry), 2 spf (38') in 5-1/2", 17#. 5919'-6082' (Tubb), 2 spf (39') in 5-1/2", 17#. 6100'-6218' (Drinkard), 2 spf (49') in 5-1/2", 17#. PBTD ~ 6268', TD= 6300', KB= 13', STATUS= Shut in (DH commingled)

****USE ONLY 2% KCL WORKOVER FLUID****

- 1) RUPU. Pull rods and pump. Install BOP.
- 2) Tag fill. If fill is higher > 6218' then clean out to PBTD 6268'. Wellcheck 2-3/8" tubing (0-15%=yellow, 16-50%=green, 51-100% = red).
- 3) Inspect for scale, corrosion iron Sulfide or paraffin. Consult with Team leader or Engineer before proceeding if paraffin, iron Sulfide, corrosion or sulfate scale present.
- 4) RU Sonic Hammer TIH acidize across perfs. 5000 gls equally divided. 5260'-5335', 5368'-5723', 5919'-6082', 6100'-6218'.
- 5) Scale squeeze using Sonic Hammer tool (As per Unichem's recommendation) TOH
- 6) TIH MA set SN +/- 6200' TAC 5230'.
- 7) TIH with the following rod design.
2.0" X 1.25" X 14' pump with 18' gas anchor
240- 3/4" Kd rods
10- 1.25" K-Bars
- 8) POP and test.

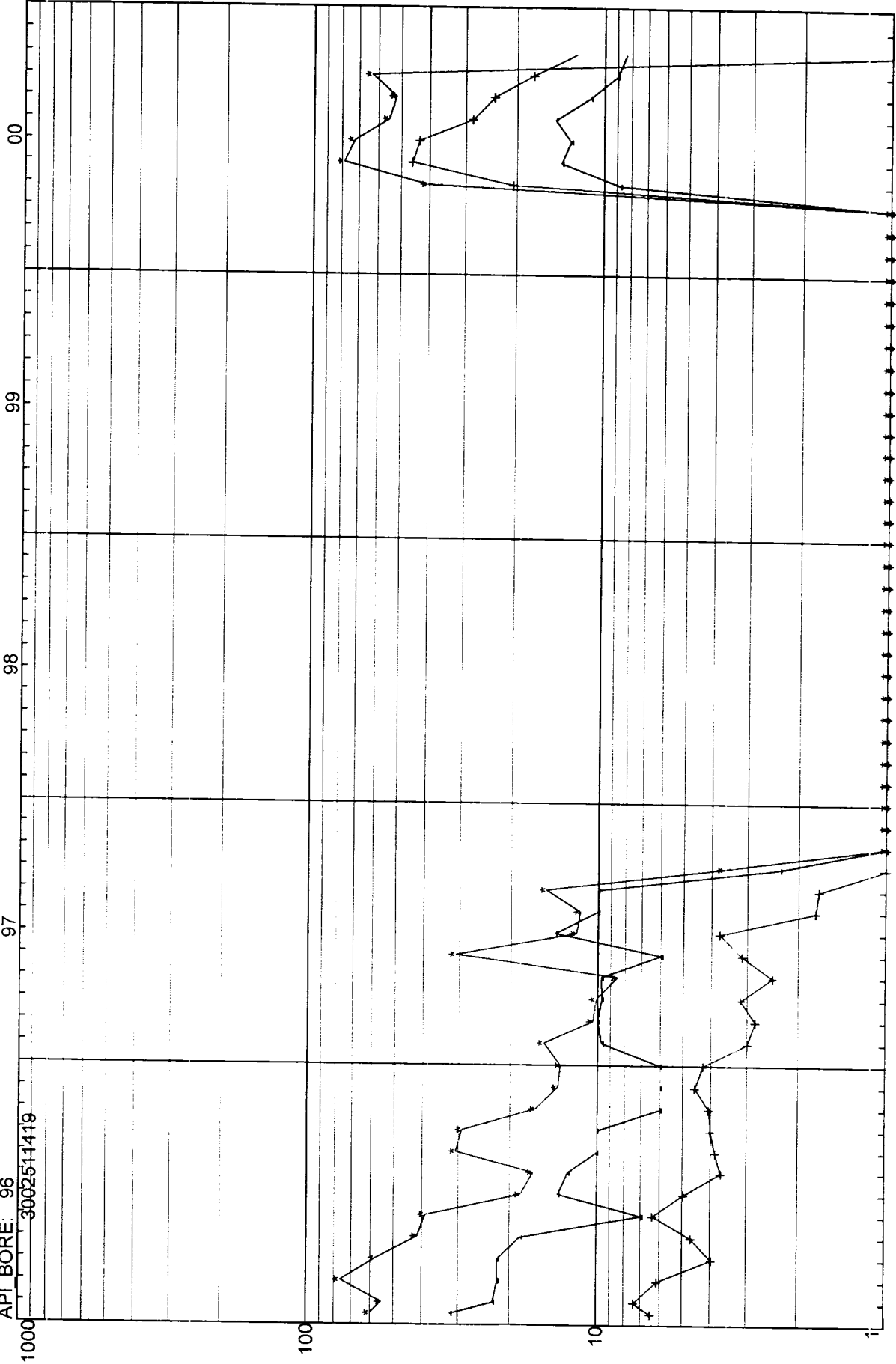
State L # 4



LEASE_NAME:
STATE -L-
TEX_WELL_NO:
4

API BORE: 96

3002511419



+--+ BOPD *-* MCFPD ---- BWPD x--x BWIPD ---- AVG INJ PRES / 1

CURRENT CUMS: OIL: 249,305 bbl GAS: 1,252,830 mcf WTR: 154,335 bbl WINJ: 0 bbl

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	30 025 11419
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name State "L"	
8. Well No.	4
9. Pool Name or Wildcat	N JUSTIS BLINEBRY TUBB DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3185 DF

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well:	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	205 E. Ender, HOBBS, NM 88240
4. Well Location	Unit Letter <u>E</u> : <u>1655</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>25S</u> Range <u>37E</u> NMPM <u>Lea</u> COUNTY

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
 COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
 CASING TEST AND CEMENT JOB ☐
 OTHER: ☒ ACIDIZE & PUT ON PRODUCTION

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.

5-08-00: MIRU. UNSET PUMP. NDWH. NUBOP.

5-09-00: MADE SWAB RUN TO CHECK PARAFFIN IN TBG-OK. C/O TO 6192'. BTM PERF @ 6218'.

5-10-00: TIH W/SONIC HAMMER TOOL ON TBG. ACID WASH PERFS IN BLINEBRY/TUBB/DRINKARD FORMATION 5260-6190 W/211 BBLS 2% KCL WTR & 5000 GALS 15% NEFE HCL. SONIC HAMMER SCALE SQZ SAME INTERVALS W/165 GALS TH756 MIXED IN 130 BBLS 2% KCL WTR & FLSH W/100 BBLS 2% KCL.

5-11-00: TIH W/OPSMA, SN, TBG, TAC. MA @ 6152'. SN @ 6123'. TAC @ 5162'. NDBOP. SET TAVC. NUWH. TIH W/RDS. TIH W/GAS ANCHOR, PUMP, SNKR BARS.

5-12-00: TIH W/RDS. RAN PONY RDS. LOAD & TEST TO 500#-OK. PUMPING

5-15-00: RIG DOWN.

5-21-00: ON 24 HR OPT. PUMPING 38 BO, 17 BW, & 86 MCF. PERFS 5260-6218.

FINAL REPORT

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 6/26/00

TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY _____ TITLE _____ DATE _____