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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 3002512296

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No. B-9311

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [XX]

b. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER SINGLE ZONE [XX] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: Mexico "J"

2. Name of Operator: Texaco Producing Inc.

8. Well No. 2

3. Address of Operator: P.O. Box 730, Hobbs, NM 88240

9. Pool name or Wildcat: Wildcat

4. Well Location
Unit Letter O : 660 Feet From The South Line and 1980 Feet From The East Line

Section 32 Township 24S Range 38E NMPM Lea County

10. Proposed Depth: 3560' PB
11. Formation: Yates
12. Rotary or C.T.:

13. Elevations (Show whether DF, RT, GR, etc.): 3170' DF
14. Kind & Status Plug. Bond: Blanket
15. Drilling Contractor:
16. Approx. Date Work will start: June 1, 1990

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
18"	13-3/8"	48#	300'	300	Cir
12-1/4"	8-5/8"	36#	3155'	1700	Cir
7-3/8"	5-1/2"	17#	10,300'	843	Cir

1) MIRU.
2) Pull rods & pmp. Install BOP. Pull tbg.
3) Run 4-3/4" bit and casing scraper to 8400'. POH.
4) Set CIBP @ 8330' w/35' cmt on top. (Fusselman perfs 8380-8390')
5) Set CIBP @ 7440' w/35' cmt on top. (Top of Devonian @ 7476')
6) Set CIBP @ 5930' w/35' cmt on top. (Top of Tubb @ 5968')
7) Set CIBP @ 3540' w/35' cmt on top. (Top of Queen @ 3580')
8) Test 5-1/2" csg to 1800 psi.
9) Run GR-CNL-CCL fr 3500-2500'.
10) Perforate Yates as per log.
11) TIH w/tbg & pkr. Acidize perfs with 5000 gals NEFE.
12) Swab test.

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 L W Johnson TITLE Engineer's Asst. DATE 05/29/90

TYPE OR PRINT NAME L. W. Johnson TELEPHONE NO. 393-7191

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: