

Submit to Appropriate
District Office
State Lease -- 6 copies
Fed. Lease -- 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells)

30-025-11123

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B1327

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

Mexico "G"

2. Name of Operator

Texaco Producing Inc.

8. Well No.

2

3. Address of Operator

P. O. Box 728, Hobbs, New Mexico 88240

9. Pool name or Wildcat

Langlie Mattix SRQNG

4. Well Location

Unit Letter F : 1980 Feet From The North Line and 2308 Feet From The West Line

Section 16 Township 24-S Range 37-E NMPM Lea County

10. Proposed Depth

4945' PBD

11. Formation

7 Rivers Queen

12. Rotary or C.T.

Pulling Unit

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

3257 D.F.

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

16. Approx. Date Work will start

May 4, 1989

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"	44.5#	357'	325	Circulated
11"	8-5/8"	32#	3955'	1700	3400 by T.S.
7-7/8"	5-1/2"	17#	5703'	910	Surface

1. MIRU. Pull production equipment.
2. Set CIBP @ 4975'. Test casing to 500 PSI.
3. Perf Langlie Mattix w/3 SPF: 3092-3102', 3135-3142', 3168-3174', 3198-3208', 3228-3231', 3240-3245', 3253-3258'. (total holes: 138).
4. Dump 4 sacks cement on CIBP.
5. GIH w/ packer, set at 3040'.
6. Acidize w/5000 gallons 15% NEFE acid.
7. POH and run production equipment. Evaluate for fracture stimulation.

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 accurate to the best of my knowledge and belief.

SIGNATURE

J. A. Schaffer

TITLE

District Operations Mgr. DATE 4/25/89

TYPE OR PRINT NAME

J. A. Schaffer

TELEPHONE NO. 393-7191

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY

TITLE

DATE

APR 28 1989

CONDITIONS OF APPROVAL, IF ANY: