

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

clsf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED SEP 29 '89 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-29233
2. NAME OF OPERATOR Texaco Producing Inc.			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702		7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Neff "13" Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL, 1980' FEL, (Unit Letter O)		9. WELL NO. 3	10. FIELD AND POOL, OR WILDCAT Livingston Ridge-Delaware
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3572'	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T-22-S, R-31-E	12. COUNTY OR PARISH Eddy
		13. STATE NM	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Revise cementing program on intermediate and production casing strings to improve bond and coverage as follows:

INTERMEDIATE: 900 sx 35/65 Pozmix Class "H" with 6% gel, 5% salt, 1/4# flocele (12.8 ppg, 1.87 cu ft/sx, 9.9 gals wtr/sx). F/B 250 sx Class "H" (15.6 ppg, 1.18 cu ft/sx, 5.2 gals wtr/sx).

PRODUCTION: 1st stage: 675 sx 50/50 Pozmix Class "H" with 2% gel, 5% salt, 1/4# flocele (14.25 ppg, 1.28 cu ft/sx, 5.75 gals wtr/sx).

2nd stage: 700 sx 35/65 Pozmix Class "H" with 6% gel, 5% salt, 1/4# flocele (12.8 ppg, 1.87 cu ft/sx, 9.9 gals wtr/sx.)

RECEIVED
SEP 12 10 58 AM '89
CARRIZO PLATEAU
AREA
OFFICE

18. I hereby certify that the foregoing is true and correct

SIGNED

C.P. Boshaw

TITLE

Div. Dir. Dept

DATE

9-11-89

(This space for Federal or State office use)

APPROVED BY

Adrian Salas

TITLE

DATE

9-27-89

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**