

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NM060-3160-4

215F

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-29233
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702	3a. AREA CODE & PHONE NO. 915-688-4620	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL & 330' FWL, UNIT LETTER: D		8. FARM OR LEASE NAME NEFF -13- FEDERAL
14. PERMIT NO. API: 30-015-26857		9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3566', KB-3584'		10. FIELD AND POOL, OR WILDCAT LIVINGSTON RIDGE DELAWARE
		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

16. 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 type="checkbox"/>	(Other) PRODUCTION CASING <input checked="" 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.)*
1. DRILL 7 7/8 HOLE TO 8400'. TD @ 2:15pm 11-3-91.
 2. HALLIBURTON RAN GR-CNL-LDT-MG & DIL-SGR FROM 8399' TO 4408'. PULLED GR-CNL TO SURFACE. RAN DIALECTRIC LOG FROM 8399' TO 5500'.
 3. RAN 51 JTS OF 5 1/2, 17# AND 139 JTS OF 5 1/2, 15.5#, K-55 LTC CASING SET @ 8400'. DV TOOL @ 5999'. RAN 16 CENTRALIZERS.
 4. HALLIBURTON CEMENTED: 1st STAGE - 725 SACKS 50/50 POZ CLASS H w/ 2% GEL, 5% SALT & 1/4# FLOCELE @ 14.2ppg. OPEN DV TOOL @ 5:00pm 11-5-91. CIRCULATED 150 SACKS. 2nd STAGE - 900 SACKS 35/65 POZ CLASS H w/ 6% GEL, 5% SALT & 1/4# FLOCELE @ 12.8ppg. F/B 100 SACKS CLASS H @ 15.6ppg. PLUG DOWN @ 12:30am 11-6-91. CIRCULATED 220 SACKS.
 5. INSTALL WELLHEAD & TESTED TO 2000#.
 6. ND. RELEASE RIG @ 4:30am 11-6-91.
 7. PREP TO COMPLETE.

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

SIGNED C.P. Boham/cwt TITLE DRILLING OPERATIONS MANAGER DATE 11-06-91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____