

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

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"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Texaco Inc.		8. FARM OR LEASE NAME Federal 15
3. ADDRESS OF OPERATOR P. O. Box EE Cortez, Co. 81321		9. WELL NO. #1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2210' FNL & 1650' FWL		10. FIELD AND POOL, OR WILDCAT Paper Wash
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 15, T19N, R5W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6600' KB		12. COUNTY OR PARISH McKinley
		13. STATE NM

RECEIVED

DEC 03 1986

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input checked="" type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	Complete in Menefee		

(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.)*

MIRUSU. TOOH w/production equipment. TIH w/7" cement retainer. Set cement retainer @ 5101' KB. established rate @ 3BPM @ 1400 psi. Pumped 50 sxs class B cement. Displaced 40 sxs below retainer. Left 10 sxs cement on top of retainer. Attempt to pressure test casing. Casing did not hold pressure. TIH w/pkr. Isolated casing leak from 1860' KB. - 810' KB. TOOH w/pkr. Ran casing inspection log from surface to 3000' KB. Bad casing from 1870' KB. - 588' KB. TIH w/tbg. load hole w/9.3 ppg mud. Spot cement plug from 4306' KB. to 4090' KB. covering the Morrison & Dakota tops. Spot 25 sxs cement plug from 2979' KB. - 2879' KB. across Gallup top. Spot 56 sxs of cement from 1850' KB. - 1550' KB. Tag cement top @ 1564' KB. Ran Gama Ray log from 1554' KB. - 700' KB. Shot 4-way squeeze holes @ 1470' KB. Set 7" cement retainer @ 1450' KB. Pumped 100 sxs class B cement w/2% CaCl 4% Bentonite & 10#/sx Gilsonite, avg rate 2 BPM @ 50 psi. Perfed 1430-38' KB. w/2jspf. TIH w/pkr. recovered 11 BFF w/trace of oil. Acidized w/1500 gal 15% Hcl acid w/additives. Avg rate 4.5 BPM @ 850 psi. ISIP - 380 psi. Recovered 126 BFF w/trace of oil. Perfed 1376-86' KB. w/2jspf. Set RBP @ 1410' KB. Recovered 21 BFF w/1% oil. Acidized w/1000 gals 15% Hcl acid w/additives. Avg rate 4.6 BPM @ 950 psi. ISIP - 280 psi. Recovered 112 BFF w/trace of oil. Retrieve RBP. Set RBP @ 1330' KB. Perfed 1274-1280' KB. w/2jspf. Recovered 7 BFF. Acidized w/1000 gal 15% Hcl acid w/additives. Avg rate 5.3BPM @850 psi. ISIP - 250 psi. Recovered 24 BFF w/trace of oil. Contained well. RDMOSU. Currently SI for evaluation.

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

SIGNED M. J. Valdez / P. P. Kleier

TITLE Area Supt.

DATE 12/1/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

BLM (5) NMOGCC (2) JNH LAA AAK

*See Instructions on Reverse Side

NMOGCC

ACCEPTED FOR RECORD
DATE 12/1/86

DATE 12/1/86
FARMINGTON RESOURCE AREA
Smm