Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other

2. NAME OF OPERATOR
TEXACO INC.

3. ADDRESS OF OPERATOR
P. O. BOX EE CORTEZ, CO. 81321

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL, 990 FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
NM 4953

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal 15

9. WELL NO.
#2

10. FIELD OR WILDCAT NAME
Papers Wash

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 15, T19N, R5W

12. COUNTY OR PARISH
McKinley

13. STATE
N. M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6617' KB

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☒		☐
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☒		☐
ABANDON*	☐		☐
(other)			

RECEIVED
APR 10 1986
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Texaco Inc. proposes to recomplete from the Entrada to the Menefee formation by the following procedure.

1. MIRUSU.
2. Set CIBP @ 5150. Drop 5 sxs cement. Pressure test to 1500psi.
3. Set RBP @ 2200. Drop 2 sxs sand. Perforate squeeze holes @ 1650', 1554', 1430' & 1370'. Block squeeze w/ a total of 1200 sxs cement.
4. WOC. DOC.
5. Pressure test squeeze holes to 1000 psi.
6. Perforate 1393-1400 & 1579-1585 w/ 1 jspf.
7. Acidize w/1200 gallons 15% NE-HCl.
8. Fracture treat w/65,000 gallons gelled water & 60,000 lb sand.
9. Flow back load. Place on pump. ROMOSU

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Thomas R. Mann TITLE Area Supt. DATE 4/8/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AS AMENDED
APR 15 1986
For AREA MANAGER

BLM(4) NMOGC(2) JNH - LAA - ARM - EAE

Approval of this action does not warrant that the applicant holds legal or equitable rights [illegible]

*See Instructions on Reverse Side

NMOCC