

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. Contract #34
2. NAME OF OPERATOR Texaco, Inc (505) 325-4397	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR 3300 N. Butler, Farmington, NM 87401	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 890' FNL and 990' FWL of Sec. 34	8. FARM OR LEASE NAME Jicarilla "C"
14. PERMIT NO.	9. WELL NO. #16
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6715' GR	10. FIELD AND POOL, OR WILDCAT Otero Chacra-PC
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34- 24N 24N
	12. COUNTY OR PARISH Rio Arriba
	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 COMPLETION <input checked="" 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) <u>OIL CON. DIV.</u>	

(NOTE: Report DATE of multiple completion on Well Completion or Production 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.)*

Texaco Producing Inc. proposes to complete additional pay in the Picture Cliff formation. The following procedure will be used:

1. MIRUSU. Install BOP w/pipe and blind rams.
2. Pull tubing.
3. RU wireline unit. Set 5-1/2" RBP @ 2850'. Pressure test RBP to 500 psi. Perforate Picture Cliffs formation w/ 2 JSPF @ the following interval: 2742'-78'. Total 74 shots.
4. RIH w/ a 5-1/2" treating packer on a 3-1/2" tubing string. Set packer 150' above perforations. Load backside and pressure test to 500 psi.
5. Acidize down tubing w/2000 gal. of 15% HCl @ 6 BPM and a maximum pressure of 2500 psi. Drop RBS throughout treatment.
6. Unseat packer and knock off RBS. Reset packer 50' above perforations.
7. Frac down tubing w/43,000 gal gelled water and 40,000 lbs 20/40 sand.
8. Flow well back after 2 hr shut-in. RU and swab back load.
9. POH w/tubing and packer. Lay down 3-1/2" tubing.
10. RIH w/ 2700' of 2-3/8" production tubing. Place well on test.
11. MIRU. Pull tubing and RBP. RIH w/3600' of 2-3/8" prod. string.

12. RDMOSH

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

SIGNED Alan A. Kleiser TITLE Area Manager DATE 5-30-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE APPROVED

CONDITIONS OF APPROVAL, IF ANY:

BLM-Farm(6), NMOGCC(4), Jicarilla Apache Tribe, RSL, AAK, JUN 01 1990

*See Instructions on Reverse Side

NMOCD

FOR AREA MANAGER