

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse 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 checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 079601	
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, Texas 79702		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 840' FSL & 1820' FEL, UNIT LETTER O, SW/SE		8. FARM OR LEASE NAME LYDIA RENTZ	
14. PERMIT NO. API# 30 039 25303		9. WELL NO. 11	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-7254', KB-7268'		10. FIELD AND POOL, OR WILDCAT *	
		11. SEC., T., R., OR BLK. AND SURVEY OR AREA SEC. 19, T-25-N, R-3-W	
		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:

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 checked="" type="checkbox"/>
(Other) CHANGE PRODUCTION CSG. CEMENT	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

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

(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.)*

*FIELDS: BLANCO, MESA VERDE AND WEST LINDRITH, GALLUP-DAKOTA.

VERBAL APPROVAL WAS OBTAINED 10-15-93 FROM MR. ROBERT KENT TO MAKE THE FOLLOWING CHANGES IN THE PRODUCTION CASING CEMENTING PROGRAM:

1st STAGE: PUMP 600 SACKS 50/50 POZ G w/ 2% GEL, 5% SALT, 1/4# FLOCELE, 5#/SACK KOLITE (13.7 PPG, 1.27 CF/SACK).

2nd STAGE: PUMP 1080 SACKS 50/50 POZ G w/ 2% GEL, 5% SALT, 1/4# FLOCELE, 5#/SACK KOLITE (13.7 PPG, 1.27 CF/SACK).

3rd STAGE: WILL REMAIN THE SAME.

RECEIVED
DEC - 8 1993
OIL CON. DIV.
DIST. 8

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

SIGNED C. P. Basham / cw# TITLE DRILLING OPERATIONS MANAGER DATE 10-15-93

(This space for Federal or State office use)

(Original Signed) HECTOR A. VILLALOBOS

AREA MANAGER
RIO PUERCO RESOURCE AREA

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

DATE DEC 2 1993

*See Instructions on Reverse Side