

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. NM-0560222
2. NAME OF OPERATOR Texaco, Inc. (505)325-4397	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 1650' FSL and 990' FWL of Sec. 17	8. FARM OR LEASE NAME Fusselman Federal
14. PERMIT NO.	9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5963' GR	10. FIELD AND POOL, OR WILDCAT NIPP Basin Fruitland
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17- <del>22N</del> -R12W
	12. COUNTY OR PARISH San Juan
	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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Recomplete	(Other) <input checked="" type="checkbox"/> X	(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.)\*

Texaco Producing Inc. proposes the following workover to recomplete the Basin Fruitland formation. The following procedure will be followed:

1. MIRUSU. TOO H w/ tubing .
2. RU wireline company & run CCL/GR from TD and set CIBP @ 1080'. (Correlate to FDC/CNL run on 6-17-76). Pressure test CIBP.
3. Perforate the Basing Fruitland coal FDC/CNL interval: 1066'-76' w/ 4 JSPF.
4. PU & TIH w/ 2-7/8" tbg & straddle-packer(4' spacing).
5. Acidize perforations w/ 500 gals. 15% HCl.
6. TOO H w/ tubing and packer.
7. TIH w/ 2-7/8" tbg & conventional pkr. Set pkr @ 1025'.
8. Swab test interval & evaluate for fracture treatment.
9. If stimulation is necessary, 53,000 gals. 70 Q N2 foam w/ 3% KCl water and 61,500 lbs 40/70 & 20/40 brady sand.
10. Flow back fracture treatment.
11. RIH past perms to CIBP to check for fill. TOO H w/ 2-7/8" tbg.
12. If fill was encountered, TIH w/ 2-3/8" tbg & clean out to RBP. If no fill was encountered, TIH w/ 2-3/8" tbg & pkr & flow/swab test.
13. TOO H w/ tbg & pkr. TIH w/ 2-3/8" tbg open ended. Put on prod.
14. RDMOSU.

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

SIGNED Alan G. Klever TITLE Area Manager DATE 05-28-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAY 31 1990  
Ken Townsend  
FOR AREA MANAGER

BLM-Farm(6), NMOGCC(5), RSL, AAK, MLK, MAG  
\*See Instructions on Reverse Side