

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. 30-045-22051		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5963' GR		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, 22N 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:

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

SUBSEQUENT REPORT OF:

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

(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. recently recompleted the subject well. The following is a summary of the completion:

RIH and Set CIBP @ 1080'
MIRUSU. NUBOP. POH w/ tubg. RU Schlumberger and ran GR-CCL from 1198'-780'. Tested csg to 1000 psi. RU and perforated the Fruitland Coal 1066'-1076' w/ 2 JSPF. TIH w/ 4.5" packer and 2.875" tubg. Set pkr at 1072'. Broke down perforation. Pull up hole and set pkr at 1060'. Open bypass and spot acid at packer. Pumped 500 gals. acid to perforations. RU Western and frac 41,000 gals. gelled water w/ 29,000 sand down 2.875" tubg. Well screened out. Well flowed back. Released pkr and POH w/ tubg and pkr. TIH w/ 2-3/8" tubg and tag fill @ 1060'. Clean out to 1080' (PBSD). ND BOP. Well flowing to tank. Installed intermitter. Well flowing through 1/4" choke nipple at rate 67 MCFPD, FTP=40, and SICP=95.

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

SIGNED Alvin R. Hester

TITLE Area Manager

DATE 7-23-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

NMOCD

ACCEPTED FOR RECORD

DATE _____

JUL 25 1990

BLM-Farmington(5), RSL, AAK, MLK, MAG

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY MA