

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Texaco, Inc. (505) 325-4397	8. FARM OR LEASE NAME Frew Federal
3. ADDRESS OF OPERATOR 3300 N. Butler, Farmington, NM 87401	9. WELL NO. #3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1095' FNL and 1525' FEL of Sec. 29	10. FIELD AND POOL, OR WILDCAT NIPP Basin Fruitland
14. PERMIT NO.	11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec. 29- 1095'
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6019' GR	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 COMPLETE <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> ABANDON* <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> (Other) Recomplete <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) <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.)*	

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

1. MIRUSU. TOOH w/ tubing.
2. RU wireline company & set CIBP @ 1075'. Pressure test CIBP.
3. Perforate the Basin Fruitland Coal FDC/CNL intervals: 1014'-20', and 1050'-70' w/ 4 JSPF.
4. PU & TIH w/ 2-7/8" tbg & straddle-packer(4' spacing).
5. Acidize perforations w/ 500 gals. 15% HCl.
6. TOOH w/ tubing & packer.
7. TIH w/ 2-7/8" tubing & conventional packer. Set packer @ 1065'.
8. Swab test interval and evaluate for fracture treatment.
9. If stimulation is necessary, 53,000 gals. 70 Q N2 foam w/ 3% KCl 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. TOOH w/ 2-7/8" tubing.
12. If fill was encountered, TIH w/ 2-3/8" & clean out to RBP. If no fill was encountered, TIH w/ 2-3/8" tbg & pkr and flow/swab test.
13. TOOH 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 A. Kleier

TITLE

Area Manager

DATE

05-28-90

(This space for Federal or State office use)

APPROVED BY

TITLE

NMOCD

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAY 31 1990

Ken Townsend
FOR AREA MANAGER

BLM-Farm(6), NMOGCC(4), RSL, AAK, MLK, MAG

*See Instructions on Reverse Side