

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-078357-A	
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 790' FSL & 1820' FWL, UNIT LETTER N, SE/SW		8. FARM OR LEASE NAME J. O. MARSHALL	
		9. WELL NO. 4	
		10. FIELD AND POOL, OR WILDCAT BASIN FRUITLAND COAL	
		11. SEC., T., R., OR BLK. AND SURVEY OR AREA SEC. 1, T-27-N, R-9-W	
14. PERMIT NO. API - 30 045 28683	15. ELEVATIONS (Show whether DF, RT, CR, etc.) GR-5961', KB-5974'	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) COMPLETION <input checked="" 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.)*

1. MIRU COMPLETION UNIT. TIH & TAG CEMENT @ 2107'. PBTD 2107'. TESTED CASING TO 3000# FOR 30 MINUTES 09-30-92.

2. PERF w/ 4 JSPF: 1931, 1938-41, 1966-82, 1989-92, 1994-96, 1998-99, 2001, 2010-12, 2016, 2018-31, 2069-71. 180 HOLES. 09-30-92.

3. DOWELL ACIDIZED WITH 2250 GAL 7 1/2% NEFE. 09-30-92.

4. DOWELL FRACED WITH 92000 GAL 70 QUALITY N2 FOAM WITH 25400# 40/70 SAND AND 199400# 20/40 SAND. JOB COMPLETE 10-01-92. MAX PSI: 2470, MIN PSI: 1900, AVE PSI: 2200, AVE RATE 52 BPM.

5. TIH & CLEAN OUT SAND.

6. TIH WITH 2 3/8 PRODUCTION TUBING. SEATING NIPPLE @ 1929'.

7. FLOWED 21 HOURS 10-06-92. RECOVERED 66 MCFPD.

8. TESTING.

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

SIGNED C.P. Basham / cwh TITLE DRILLING OPERATIONS MANAGER DATE 10-07-92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY SMW