

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

NM-0250

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR TEXACO Inc.</p> <p>3. ADDRESS OF OPERATOR P.O. Box 728 - Hobbs, New Mexico 88240</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2086' FSL & 556' FML of Section 1, T-20-S, R-34-E, Unit Letter 'L', Lea County, New Mexico.</p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME -</p> <p>7. UNIT AGREEMENT NAME -</p> <p>8. FARM OR LEASE NAME K.F. Quail Fed.</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Cherry Canyon</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T-20-S, R-34-E</p>	
<p>14. PERMIT NO. Regular</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3698' (DF)</p>	<p>12. COUNTY OR PARISH Lea</p>	<p>13. STATE New Mexico</p>

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) <u>Recomplete in Cherry Canyon</u> <input checked="" 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. Rigged up. Install BOP.
2. Set CIBP @ 9150'. Spot 30' cement on top of plug.
3. Cut 2-7/8" OD csg @ 7500' & pull 248 jts.
4. Spot 175 sx cement plug (7500-6987').
5. Drill out cement to 7053'.
6. Ran 1634' (42 jts) & set @ 7052'. Top of liner @ 5412'.
7. Cement 7" liner w/450 sx Class 'H' cement. Job complete 3:45 P.M., 2-19-77. WOC. PBTD 7014'.
8. Test cement w/500# for 45 minutes, 9:15-10:00 A.M., 2-20-77. Tested O.K.
9. Perforate 7" oD csg liner w/1 JSPF @ 6895, 96, 98, 6900, 02, 04, 06, 08, 10, 11, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, & 6940'.
10. Spot 126 gals 15% NE acid across perforations 6895-6940'. Set pkr @ 6770'. Acidize perforations w/4000 gals. 15% NE acid in 4 equal stages using 15 ball sealers between stages. Flush w/59 bbls. brine water.
11. Install pumping equipment. Pumped no oil.
12. Workover unsuccessful. Well shut in 5-11-77 & Classified TRO (To Be Reconditioned).

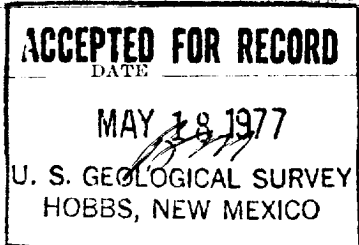
18. I hereby certify that the foregoing is true and correct

SIGNED: [Signature] TITLE: Asst. District Supt. DATE: 5-13-77

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side