

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-036075
2. NAME OF OPERATOR Texaco Producing Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PO Box 728, Hobbs, New Mexico 88240		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 Unit Letter O, 660' FSL & 1980' FEL		8. FARM OR LEASE NAME C. J. Saunders Fed
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3720' KB	9. WELL NO. 2
		10. FIELD AND POOL, OR WILDCAT Eunice Monument Grayburg San Andres
		11. SEC., T., R., M., OR BLE. AND SURVEY OR ARMA Sec. 18, T19S, R37E
		12. COUNTY OR PARISH Lea
		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) <input 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 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.)*

3/30/89-4/17/89 Producing interval before work: 3810'-3936'

- 1) Plug back from 3936' to 3924'.
- 2) Perf 7" casing with 2 JSPF at 3811', 13, 17, 19, 21, 23, 29, 31, 33, 35, 37, 39, 41, 43, 45, 49, 55, 61, 63. Perf O.H. with 2 JSPF at 3877', 79, 81, 85, 87, 89, 91, 93, 95.
- 3) Acidize perfs and O.H. 3810' to 3924' with 4500 gallons 15% NEFE.
- 4) Chemical squeeze with 220 gallons SP-307M scale inhibitor.

On 24 hour potential pumped 55 BO, 305 BW and 47 MCF.

RECEIVED
MAY 11 10 53 AM '89
CARTER
ART

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

SIGNED

Ja Hea

397-3571

TITLE Hobbs Area Superintendent DATE 5/4/89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

SJS

RECEIVED

MAY 24 1989

OCD
HOBBS OFFICE

RECEIVED

MAY 10 1989

WJ
HOBBS OFFICE