

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-22809

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 GAS WELL OTHER AUG 20 10 11 AM 1990

2. NAME OF OPERATOR
Texaco Producing Inc.

3. ADDRESS OF OPERATOR
P. O. Box 730 Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2180' FSL & 1980' FEL (Unit Ltr J)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

N^o 7th Bilbrey 7 Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat Atoka

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 7, T-21-S, R-32-E

14. PERMIT NO. 15. ELEVATIONS (Show whether OF, BT, GR, etc.)

3640 GR

12. COUNTY OR PARISH 13. STATE

Lea

NM

18. 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"/>
FRACURE 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 PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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

(NOTE: Report results of multiple completion on Well Completion or Recombination 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. Killed well. Installed BOP & choke manifold. Released pkr. POH.
2. Set CIBP 13,795 and dumped 35' cmt on top. New PBD 13760.
3. TIH w/ pkr. Spotted 10% acetic acid From 13158 - 13050. Raised pkr to 13044 and circulated pkr fluid. Set pkr @ 13044. Test pkr and backside to 1700#. OK.
4. Perf 4-1/2" csg @ 13153-13158'. (6 feet - 12 holes).
5. Flowed & cleaned well up 14.5 hours. SI. Left SI for 72 hours.
6. Ran 4 point test 8-10-90. Top rate @ 4372 MCFD and made 2 bbls condensate (53 gravity). Well is hooked up and flowing to EPNG Co.

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

SIGNED L. D. Ridenour

L. D. Ridenour
TITLE Engineer's Assistant

DATE 8-27-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side