

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OILS, GAS, & MINERALS
P. O. BOX 1000
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1001-0135
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"/>		7. UNIT AGREEMENT NAME Myers Langlie Mattix Unit	
2. NAME OF OPERATOR Texaco Producing Inc.		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR P.O. Box 728, Hobbs, New Mexico, 88240		9. WELL NO. 253	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1330' FSL & 1330 FWL		10. FIELD AND POOL, OR WILDCAT Langlie Mattix 7-Rivers Queen	
14. PERMIT NO. 30-025-29655		11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec. 29, T23S, R37E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3316' GR		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:		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>Completion</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.)*

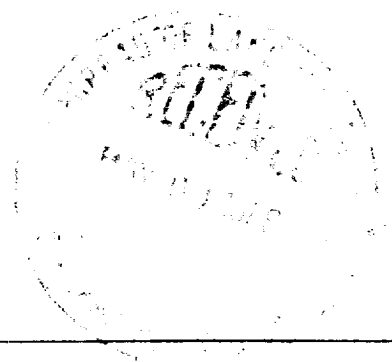
TOTAL DEPTH 3750'
8 5/8", 24#, J-55, ST&C casing set at 1005'
5 1/2", 15.5#, J-55, LT&C casing set at 3750'

- Ran GR/DLL/MSFL/CAL from 2600' - TD. Ran CBL/CCL from 2100' - 3740'.
- Perforated 1 sh/int at 3333, 37, 3487, 91, 94, 3512, 17, 22, 33, 36, 43, 45, 47, 52, 60, 62, 92, 99, 3606, 13, 18, 28, 30, 33, 38, 42, 48, 58, 72, 78, 82, 3711, 3715 (33 holes). Acidized with 5000 gallons 15% NEFE.
- Fractured 3333' - 3715' with 30,000 gallons 40# X-linked 2% KCL water carrying 63,000# 10/20 and 9000# 8/16 sand.
- Set production equipment, tested and placed on production.

ACCEPTED FOR RECORD

Good
MAY 5 1986

CARLSBAD, NEW MEXICO



18. I hereby certify that the foregoing is true and correct
SIGNED B.D. Addridge TITLE Dist. Adm. Supvr. DATE 04-21-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side