

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

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 060825-4

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

7. UNIT AGREEMENT NAME

Myers Langlie Mattix Unit

2. NAME OF OPERATOR

8. FARM OR LEASE NAME

Texaco Producing Inc.

3. ADDRESS OF OPERATOR

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

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix Seven Rivers Queen

1330' FSL & 1330' FWL

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

Sec. 29, T23S, R37E

14. PERMIT NO.
30-025-29655

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3316' - GR

12. COUNTY OR PARISH
LEA

13. STATE
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"/> |
| 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 type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <u>Commence Drilling</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'
25 jts (995'), 8 5/8", 2 1/2", J-55, ST&C csg. set @ 1005'.

- 1) Ran 92 jts. (3740'), 5 1/2", 15.5#, J-55, LT&C csg. set at 3750'.
- 2) Cemented w/350 sx 50/50 Poz "H" w/1/4#/sx floseal.
- 3) Tested csg. w/1000# from 4:00 p.m. to 4:30 p.m. on 03/27/86. Tested ok.
Job complete at 4:30 p.m.

ACCEPTED FOR RECORD

Sud
APR 10 1986

CARLSBAD, NEW MEXICO

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

SIGNED *W. Browning*

TITLE Dist. Admin. Supervisor

DATE 04/02/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side