

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions
reverse side)

Form approved.
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 GAS WELL OTHER

2. NAME OF OPERATOR
Texaco Producing Inc.

3. ADDRESS OF OPERATOR
P. O. Box 728, Hobbs, NM 88240

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

14. PERMIT NO. 30-025-29655

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

5. LEASE DESIGNATION AND SERIAL NO.
LC-060825-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Myers Langlie Mattix Unit

8. FARM OR LEASE NAME

9. WELL NO.
253

10. FIELD AND POOL, OR WILDCAT
Langlie Mattix Seven Rivers Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29, T23S, 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:		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 COMPLETION <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>Commence Drilling</u> <input checked="" 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.)*

Spudded 12 1/4" hole @ 8:30 p.m.
Total Depth - 1005'

- 1) Ran 25 jts (995'), 8 5/8", 24#, J-55, ST&C csg. set at 1005'.
- 2) Cemented w/800 sx CL "H" w/2% CaCl & 1/4#/sx flocele.
Circulated 150 sx to surface.
- 3) Tested w/1000# from 10:00 p.m. to 10:30 p.m. on 03/21/86.
Tested ok. Job complete at 10:30 p.m.

ACCEPTED FOR RECORD

gwd
APR 10 1986

CAPISBAD, NEW MEXICO

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

SIGNED *J.W. Browning* TITLE Dist. Admin. Supervisor DATE 04/02/86

(This space for Federal or State office use)

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

*See Instructions on Reverse Side