

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-057509
2. NAME OF OPERATOR Texaco Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME --
3. ADDRESS OF OPERATOR P.O. Box 730, Hobbs, NM 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 660' FSL & 660' FEL, Unit Letter P API #3002511362		8. FARM OR LEASE NAME G. L. Erwin "B" Fed. NCT-2
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3171' DF	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Justis Paddock
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T24S, 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 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) <input type="checkbox"/>	
(Other) (Recomplete in Paddock)	(X)	(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.)*

- 1) RUPU. Install BOP.
- 2) GIH w/2-7/8" tbg. Tag CIBP at 4950'. Pull up and cir the hole w/2% KCl. Spt 165 gals of 7-1/2% acetic acid. POH.
- 3) GIH w/4" WL csg gun (0 dgree phasing, premium charges and de-centralized) and perf the following interval w/4 JSPF: 4880-4900' (84 holes).
- 4) GIH w/tbg and 7" Permalatch pkr (or equivalent). Ld backside w/inhibited wtr and set at 4800'.
- 5) Acidize the interval with 3000 gals of 15% NEFE. F/w/28 Bbls of 2% KCl. SI 1 hr. Max Inj Rate-2 BPM. Max WHTP-2500#.
- 6) Swab back load and place on test.

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

SIGNED *J. A. Head* TITLE Area Manager DATE 02/16/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 3.2.90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side