

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-135
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF-079600
2. NAME OF OPERATOR Texaco, Inc (505) 325-4397	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 3300 N. Butler, Farmington, NM 87401	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 1650' FSL and 1650' FEL of Sec 17.	8. FARM OR LEASE NAME C. W. Roberts
14. PERMIT NO.	9. WELL NO. #7
15. ELEVATIONS (Show whether DE, RT, GR, etc.) 7325' KB 7312' GR	10. FIELD AND POOL, OR WILDCAT So. Blanco PC
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 17 T25N R3W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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 checked="" 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"/>	

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) <input type="checkbox"/>	

NOTE: Report results of multiple completion on Well Completion or Reperforation 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.)

TEXACO INC. proposes to complete additional pay in the Pictured Cliffs formation. The following procedure will be used:

1. MIRUSU. Install BOP w/pipe and blind rams. TOOH w/tbg.
2. RU wireline company and set RBP @ 3550'.
3. Perforate a 4-way squeeze shot @ 3500'.
4. TIH w/tbg and packer and squeeze with 75 sx. Class B cement.
5. Drill out cement and retrieve RBP.
6. RU wireline company and set RBP @ 3850'.
7. Perforate the following Pictured Cliffs FDC/CNL interval:
3798-3819 (21') w/4 jspf.
8. TIH w/3.5" tbg, packer, and 1 jt. tailpipe. Acidize Pictured Cliffs perfs w/500 gal 15% HCL.
9. Set packer @ 3650'. Fracture stimulate perforations using 40,000 gal slickwater and 40,000# 20/40 sand. The last 5,000# sand to be resin coated.
10. Flow back fracture treatment and acid load and clean up.
11. Retrieve RHP and TOOH w/3.5" tbg and packer.
12. TIH w/2.375" tbg and packer w/1800' of tailpipe. Set packer @ 3850'. Produce Mesa Verde through tbg and Pictured Cliffs through annulus.

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

SIGNED [Signature] TITLE Area Manager

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCD

DATE 4-27-90

APPROVED

DATE APR 27 1990

AREA MANAGER

BLM-Farm(6), NMOGCC(5), RSL, AAK, MLK, MAG

*See Instructions on Reverse Side