

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. I-149-IND-8463
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO - ALLOTTED
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, Texas 79702	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 1245' FNL & 790' FEL, UNIT LETTER A, NE/NE	8. FARM OR LEASE NAME NEAH VICTORIA
	9. WELL NO. 3
	10. FIELD AND POOL, OR WILDCAT BASIN FRUITLAND COAL
	11. SEC., T., R., OR BLK. AND SURVEY OR AREA SEC. 1, T-27-N, R-9-W
14. PERMIT NO. API - 03 045 28689	12. COUNTY OR PARISH SAN JUAN
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-5867', KB-5880'	13. STATE NM

16. 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) SPUD, SURF. & PROD. CASING <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.)*

1. FOUR CORNERS RIG #3 SPUD 12 1/4 HOLE @ 1:00pm 09-05-92. DRILLED TO 300'. TD @ 5:15pm 09-05-92.
2. RAN 7 JTS OF 8 5/8, 24#, WC50, STC CASING SET @ 300'. RAN 4 VANE & 2 CONVENTIONAL CENTRALIZERS.
3. DOWELL CEMENTED WITH 340 SACKS CLASS G w/ 2% Cacl2 (15.8ppg, 1.17cf/s). PLUG DOWN @ 8:15pm 09-05-92. CIRCULATED 122 SACKS.
4. NU & TEST BOP TO 1500#. TESTED CASING TO 1500# FOR 30 MINUTES FROM 10:15am TO 10:45am 09-06-92.
5. WOC TIME 14 3/4 HOURS FROM 8:15pm 09-05-92 TO 11:00am 09-06-92.
6. DRILLED 7 7/8 HOLE TO 2120'. TD @ 4:45am 09-07-92.
7. ATLAS RAN GR-SP-DISF, GR-ZDN-CNL-CAL, GR-ML-CAL FROM 2120' TO 300'. PULLED GR TO SURFACE.
8. RAN 52 JTS OF 5 1/2, 15.5#, WC50, LTC CASING SET @ 2120'. RAN 2 VANE & 8 CONVENTIONAL CENTRALIZERS.
9. DOWELL CEMENTED WITH 350 SACKS 35/65 POZ CLASS G w/ 6% GEL, 5% SALT, 1/4# FLOCELE (12.5ppg, 1.86cf/s). F/B 110 SACKS CLASS G (15.8ppg, 1.15cf/s). PLUG DOWN @ 3:30am 09-08-92. CIRCULATED 135 SACKS.
10. ND. RELEASE RIG 09-08-92.
11. PREP TO COMPLETE.

RECEIVED
OIL & GAS
DIVISION
SEP 10 1992

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

SIGNED

C.P. Basham /cwh

TITLE

DRILLING OPERATIONS MANAGER

DATE

09-08-92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 11 1992

*See Instructions on Reverse Side

HARRINGTON RESOURCE AREA

BY

Smm

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

PRIVACY ACT

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et. seq., 351 et. seq., 25 U.S.C. et. seq.; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is to be used to evaluate, when appropriate, approve applications, and report completion of secondary well operations, on a Federal or Indian lease.

ROUTINE USES: (1) Evaluate the equipment and procedures used during the proposed or completed subsequent well operations. (2) Request and grant approval to perform those actions covered by 43 CFR 3162.3-2(2). (3) Analyze future applications to drill or modify operations in light of data obtained and methods used. (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

EFFECT OF NOT PROVIDING INFORMATION: Filing of this notice and report and disclosure of the information is mandatory once an oil or gas well is drilled.

The Paperwork Reduction Act of 1980 (44 U.S.C. 3501, et. seq.) requires us to inform you that:

This information is being collected in order to evaluate proposed and/or completed subsequent well operations on Federal or Indian oil and gas leases.

This information will be used to report subsequent operations once work is completed and when requested, to obtain approval for subsequent operations not previously authorized.

Response to this request is mandatory for the specific types of activities specified in 43 CFR Part 3160.

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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"/>		<input type="checkbox"/>

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(NOTE: Report results of multiple completion on well
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1. MIRU COMPLETION UNIT. TIH & TAG CEMENT @ 2080'. PBTD 2080'. TESTED CASING TO 3000# FOR 30 MINUTES 09-21-92.
2. PERF w/ 4 JSPF: 1869-71, 1883-85, 1912-28, 1937, 1940-45, 1948-49, 1959-62, 1964-74, 2022-24. 09-22-92.
3. DOWELL ACIDIZED WITH 2100 GAL 7 1/2% NEFE. 09-22-92
4. DOWELL FRACED WITH 50000 GAL XLG FRESH WATER WITH 200000# 20/40 SAND. JOB COMPLETE 09-24-92. MAX PSI: 1220, MIN PSI: 600, AVE PSI: 800, AVE RATE: 15 BPM.
5. TIH & CLEAN OUT SAND.
6. SWAB 20 MCFPD, 27 BLW IN 8.5 HOURS 09-30-92.
7. TESTING

001 001802
OIL CON. DIST. 3

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

SIGNED C.P. Basham /cwh TITLE DRILLING OPERATIONS MANAGER DATE 10-01-92

(This space for Federal or State office use)

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

*See Instructions on Reverse Side