

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form OCS
 5/11/68
 2714 G.O.P.
 Rev. 1-68

Fee

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR RE-DRILL OR PLUG OR TO A DIFFERENT WELL TYPE. USE "APPLICATION FOR PERMIT" FORM FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER

2. Name of Operator
TEXACO Inc.

3. Address of Operator
P. O. Box 728, Hobbs, New Mexico 88240

4. Location of Well
 UNIT LETTER **G** **1650** FEET FROM THE **North** **1650** LINE AND
 THE **East** LINE, SECTION **34** TOWNSHIP **9 S** RANGE **36 E**

5. Elevation (Show whether DP, WC, GR, etc.)
4029 GR

6. **U. D. Sawyer**

7. **2**

8. **Crossroads Siluro Devonian**

9. **Lea**

16. Check Appropriate Box To Indicate Nature of Notice (See Rule 1103)
 NOTICE OF INTENTION TO: (Circled in Original) (Circled in Original)

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REPAIR AND PATCH <input type="checkbox"/>	RE-DRILL <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMPLETED TO DIFFERENT WELL TYPE <input type="checkbox"/>	RE-DRILL TO DIFFERENT WELL TYPE <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND EVALUATION <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, including proposed work) SEE RULE 1103.

1. Pulled submersible pump.
2. Ran RBP and set @ 10790'. Tested 5 1/2" casing 1000# - OK.
3. Cut 5 1/2" casing @ 4120' and pulled casing. Dressed off top of 5 1/2" casing. Ran liner hanger and packer. Set in 9 5/8" casing w/top of 5 1/2" liner @ 4074'. Tested casing w/1000# - OK.
4. Pulled RBP @ 10790'.
5. Acidized perforations 12176-12180 w/3000 gals 20% LST NE acid w/175# citric acid per 1000 gal.
6. Ran submersible pump & set @ 5828' and return to production.
7. On 24 hr test 2-13-75 pumped 185 BNO, 900 BSW, GOR TSTM, Gravity 44.7°.

18. I hereby certify that the information above is true and complete to the best of my knowledge.

SIGNED J. A. Schaff TITLE **Asst. Dist. Supt.**

February 25, 1975

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____