

**UNITED STATES DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE  
(Other instruction reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

**SUNDRY NOTICES AND REPORTS ON WELLS 88240**

(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.)

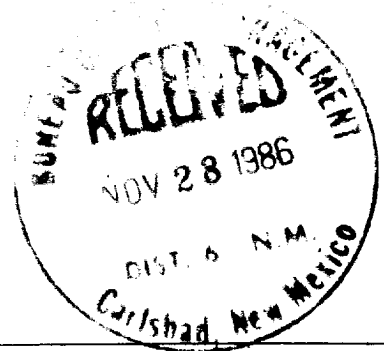
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>Texaco Inc.</u>		8. FARM OR LEASE NAME <u>C.W. Shepherd "B" Federal</u>	
3. ADDRESS OF OPERATOR <u>P. O. Box 728, Hobbs, NM 88240</u>		9. WELL NO. <u>6</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>Unit Letter M, 540' from the South line and 420' from the West line.</u>		10. FIELD AND POOL, OR WILDCAT	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>6-26S-37E</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>2971' DF</u>		12. COUNTY OR PARISH <u>Lea</u>	13. STATE <u>NM</u>

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) <u>Plug &amp; Abandon</u> <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) Move-in, rig-upp workover unit. Load hole. Pull rods and pump.
- 2) Install BOP. Pull prod. tbg.
- 3) Set 5½" CIBP @ 2800' on wireline. Dump 5 sacks Class "H" Cmt on top of CIBP.
- 4) Perforate 4 squeeze holes at 520'.
- 5) TIH with tbg to 2700'. Circ. hole full with 10#/ gallon gelled brine.
- 6) TOH with tbg.
- 7) Establish circ. down 5½" csg. thru perf @ 520' and up 8 5/8" X 5½" annulus. Pump 180 sacks Class "H" cmt down 5½" csg, attempting to circ. cmt to surface. Leave 5½" csg full of cmt. SDON.
- 8) Tag TOC. Fill 5½" csg to surface with cmt as needed.
- 9) Install marker and clean location.



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

SIGNED *A.W. Browning* TITLE District Admin. Supr. DATE 11/24/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 12 2 86  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side