

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 1980

Budget Bureau No. 1004-0115
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS NEW MEXICO 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 GAS WELL OTHER Injection WELL

2. NAME OF OPERATOR
Texaco Inc.

3. ADDRESS OF OPERATOR
P. O. Box 728, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
Unit Letter 0, 990 feet from the south line and 2310 feet from the east line.

14. PERMIT NO. 30-025-08214

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3399 DF

7. UNIT AGREEMENT NAME
Cotton Draw Unit

8. FARM OR LEASE NAME

9. WELL NO.
44

10. FIELD AND POOL OR WILDCAT
Paduca Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
21-25S-32E

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) Convert to injection

(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.)

- MIRU. Install BOP's.
- Test casing to 500 psi.
- GIH & drill out cement & CIBP @ 4510'. Clean out to 4674' POH.
- GIH w/4 1/2" pkr. & workstring. Set pkr. @ 4500'.
- Acidize casing perfs. 4642'-4662' w/2000 gals. 15% NEFE acid in two equal stages with 500# rock salt block. 2-3 BPM 1200 psi max. SI one hour.
- Release packer and swab back residue. POH.
- Run 2 3/8" injection tubing & inj. packer. Set packer @ 4570'. Load backside w/inhibited water.
- Place on injection.

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

SIGNED W. B. [Signature] TITLE District Oper. Mgr. DATE 01/14/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 2-5-86

CONDITIONS OF APPROVAL, IF ANY:

Subject to Like Approval by State

All facilities will be painted Sandstone Brown within 60 days from date of first production.
*See Instructions on Reverse Side

RECEIVED
FEB - 6 1986
O.C.B.
HOBBS OFFICE