

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATA
(Other instructions on reverse side)
RECEIVED

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. LEASE DESIGNATION AND SERIAL NO. LC-032650 B	
2. NAME OF OPERATOR TEXALO PRODUCING TAIL		8. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. BOX 728 HOBBS, NM 88240		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 660' FSL ; 1980' FEL SEC 24 T25S R37E		8. FARM OR LEASE NAME N.B. COATES C'	
14. PERMIT NO.		9. WELL NO. 15	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3084 DF		10. FIELD AND POOL, OR WILDCAT JUSTIS MONTOYA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 24 T25S R37E	
		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"/>	PELL 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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)

COMMENCED WORK (10-27-87)

(1) MTRU PULLED PRODUCTION EQUIPMENT

(2) TTH W/ 6' 8" BIT, 8-3 1/2 DC'S ON 2 7/8 WS CLEANED OUT TO 6910'

(3) RUN GR-CCL 6500' TO 6900', PERFORM 7 CSG W/ 4" CSG GUN, MONTOYA PAY 6803-07, 17-21, 26-30, 35-39, 44-48 (2 JSPF, 50 HOLES)

(4) TTH W/ RBP: PKR ON 2 7/8 WS, SET RBP @ 6854', PKR @ 6719'

(5) ACIDIZED PERFORM 6803-48 W/ 3000 GAL'S 15% NITRE ACID USING 100 LBS TO DIVERT AT 1000' MAXP. 4000' ISIP 200'

(6) TTH, RETRIEVE RBP: PKR

(7) TTH W/ PRODUCTION EQUIPMENT PLACE WELL ON PRODUCTION

POTENTIAL TEST (11-5-87) 24P/24 @ 120 W 9875 60R

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

SIGNED K. Johnson TITLE AREA SUPERINTENDENT DATE NOV 16 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS