

NM-56220

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 ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Texaco Producing Inc.

3. ADDRESS OF OPERATOR
PO Box 728, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
Unit Letter P, 990' FSL, 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3577 GL

RECEIVED

JUL 26 '89

O. C. D.
ARTESIA, OFFICE

D.D. Federal 24

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Sec 24, T19S, R24E

Eddy

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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. Killed well W/100 bbls brine down tbg. Installed BOP
2. Attempted to circulate. Could not. Pulled tbg and pkr. Well was taking 70 BPH.
3. Ran Guiberson 7" HDCH pkr to 7769'.
4. Attempted to acidize perfs 7787-7838 W/3000 gal 15% NEFE. Communicated to upper perfs W/12 bbls acid in formation. Raised packer to 7590'. Pumped 500# rock salt and 1500 gal 15% NEFE (3.5 BPM, 0 psi).
5. Pulled tbg and pkr. Ran pumping equipment.
6. On 24 hr OPT ending 7-5-89. Pumped 83 BOPD, 325 BWPD, 661 MCFPD from perfs 7706-7838'.

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

SIGNED

TITLE

505-397-3571

Area Superintendent

DATE 7-10-89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

*See Instructions on Reverse Side

SOS