

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instructio  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-29233

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal Neff "13" *Red.*

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Livingston Ridge

11. SEC., T., E., M., OR BLK. AND  
SURVEY OR AREA

Sec. 13, T22S, R31E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Texaco Producing Inc.

3. ADDRESS OF OPERATOR

P.O. Box 730, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface

1980' FNL & 660' FEL (Unit Letter H)

14. PERMIT NO.

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

3612 GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

Commence Drilling Oper. ☒

(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.) \*

Spud 14-3/4" hole @ 2:45 P.M. 09-07-89

- 1) Ran 19 jts 11-3/4" 42# H-40 ST&C csg. Set @ 838'.
- 2) Cmt w/675 sx H w/2% CaCl<sub>2</sub> w/1/4# flocele. Cir 5 sx cmt.
- 3) Test BOP's w/3000 psi. WIH & tag'd cmt @ 720'.
- 4) Test csg w/500 psi from 4:00 to 4:30 A.M. 09-10-89. Test ok.

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

SIGNED

TITLE

Area Manager

DATE

09/21/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

OCT 2 9 00 AM '89

CARD

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