

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL SUBMIT IN TR (Other instructions on reverse side)
DATE 10/10/89
ARIZONA, NM 88210

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

458

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 29233	
2. NAME OF OPERATOR Texaco Producing Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 730, 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 1980' FNL & 660' FEL (Unit Letter H) Section 13, T-22-S, R-31-E		8. FARM OR LEASE NAME Federal Neff 13	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3612 GR		10. FIELD AND POOL, OR WILDCAT Livingston Ridge	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		12. COUNTY OR PARISH Eddy	13. STATE NM

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) Commence Drlg Operations <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.) *

- 1) Drilling from 4520 to 7145'.
- 2) Core #1 7145 to 7175'. 30' recovery.
- 3) Core #2 7175 to 7205'. 30' recovery.
- 4) Drlg from 7205 to 8450'.
- 5) Log by Western Atlas ZNL/CN/GR/Caliper, DIFL/GR, BHC-AL/GR/CAL from 8444 to 4513'.
- 6) Ran 5-1/2" csg 15.5# & 17# J-55 LT&C. Set @ 8450'. DV tool @ 5979'.
- 7) Cmdt 1st stg w/785 sx Cl "H" w/.4% Halad-9, 1/4# flocele. Cir 157 sx. Cmdt 2nd stg w/850 sx LW "H" w/1/4# flocele. Cir 0 sx. Cmt work done by Halliburton. Plug dn @ 4:30 P.M. 09-29-89. Instld tbg hd & rel'd Basin Rig #7 @ 10:00 P.M. 09-29-89.

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

SIGNED Ja Hea TITLE Area Manager DATE 10-10-89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 23 1989

*See Instructions on Reverse Side

SJS

CARLSBAD, NEW MEXICO