

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NM060-3160-4

45F

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-25876	
2. NAME OF OPERATOR TEXACO PRODUCING INC. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702		7. UNIT AGREEMENT NAME	
3a. AREA CODE & PHONE NO. (915) 688-1520		8. FARM OR LEASE NAME GETTY 24 FEDERAL	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL, 2310' FEL, UNIT LETTER B.		9. WELL NO. 3	
14. PERMIT NO. API NO.- 30-015-26288		10. FIELD AND POOL, OR WILDCAT LIVINGSTON RIDGE DELA.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3566', KB-3580'		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 24, T-22-S, R-31-E	
		12. COUNTY OR PARISH EDDY	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 checked="" 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"/>	(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. MIRU DA&S COMPLETION UNIT. CLEAN OUT TO PBTD 8385'. TEST CASING TO 3000#.
2. HALLIBURTON LOGGING RAN GR-CLL FROM 8385' TO 6700'. PERFED w/ 2 JSPF 8284'-8298' & 8306'-8320'. 56 HOLES.
3. HALLIBURTON ACIDIZED w/ 2000 GAL 7.5% NEFE & 84 BALLS. JOB COMPLETE AT 9:15am 4-8-90.
4. HALLIBURTON FRACED w/ 20000 GAL XLG 2% KCL, 30000# OF 20/40 SAND AND 10000# OF 12/20 RESIN COATED SAND. WELL SHUT-IN 13 HOURS AFTER FRAC.
5. SWAB 8 HOURS 4-11-90. REC TRACE OF OIL AND 296 BLW.
6. SWAB 9.5 HOURS 4-12-90. REC 10 BNO AND 215 BLW.
7. PREP TO PUT ON PUMP AND TEST.

ACCEPTED FOR RECORD

APR 26 1990

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

SIGNED [Signature] TITLE DRILLING SUPERINTENDENT DATE 04-13-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

PRIVACY ACT

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et. seq., 351 et. seq., 25 U.S.C. et. seq.; 43 CFR 3160. **PRINCIPAL PURPOSE:** The information is to be used to evaluate, when appropriate, approve applications, and report completion of secondary well operations, on a Federal or Indian lease.

ROUTINE USES: (1) Evaluate the equipment and procedures used during the proposed or completed subsequent well operations. (2) Request and grant approval to perform those actions covered by 43 CFR 3162.3-2(2). (3) Analyze future applications to drill or modify operations in light of data obtained and methods used. (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

EFFECT OF NOT PROVIDING INFORMATION: Filing of this notice and report and disclosure of the information is mandatory once an oil or gas well is drilled.

The Paperwork Reduction Act of 1980 (44 U.S.C. 3501, et. seq.) requires us to inform you that:

This information is being collected in order to evaluate proposed and/or completed subsequent well operations on Federal or Indian oil and gas leases.

This information will be used to report subsequent operations once work is completed and when requested, to obtain approval for subsequent operations not previously authorized.

Response to this request is mandatory for the specific types of activities specified in 43 CFR Part 3160.

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SUNDRY NOTICES AND REPORTS ON WELLS

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		12. COUNTY OR PARISH EDDY	13. STATE NM

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 ☐

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* ☐

(Other) REVISED TOTAL DEPTH ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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TOTAL DEPTH OF THE WELL WILL BE CHANGED FROM 8000' TO 8450' IN ORDER TO TEST THE LOWER ZONES IN THE DELAWARE SANDS.

VERBAL APPROVAL WAS GRANTED 03-28-90 FROM MR. SHANNON SHAW.

THE REVISED CASING AND CEMENTING PROGRAM IS AS FOLLOWS:

PRODUCTION CASING - 6000' OF 5 1/2 in., 15.5#, K-55, LT&C AND 2450' OF 5 1/2 in., 17.0#, K-55, LT&C SET AT 8450'.

CEMENTED WITH: 1st STAGE - 800 SX 50/50 POZ CLASS H w/ 2% GEL, 5% SALT, 1/4# FLOCELE (14.25ppg, 1.28 f3/s, 5.75 gw/s).

DV TOOL AT 6000': 2nd STAGE - 1000 SX 35/65 POZ CLASS H w/ 6% GEL, 5% SALT, 1/4# FLOCELE (12.8ppg, 1.87 f3/s, 9.9 gw/s).

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

SIGNED *A. P. B. Shaw*

TITLE DRILLING SUPERINTENDENT

DATE 03-29-90

(This space for Federal or State office use)

Orig. Signed by Adam Salameh

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE PETROLEUM ENGINEER

DATE 4-6-90

*See Instructions on Reverse Side

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