

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-13413

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

P. O. Box 730 Hobbs, NM 38240

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

1880' FNL & 1980' FEL Unit Ltr G

14. PERMIT NO.

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

2973 GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Salt Draw 11 Fed Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undes. Salt Draw Atoka

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

Sec. 11, T-25-S, R-28-E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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* ☐

(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. Kld well. POH w/ pkr.
2. Dump 35' cmt on top of ret. @ 12658. Set CIBP @ 12350.
Dumped 35' cmt on top of CIBP. New PBTD 12315.
3. Load and tested csg to 1500#. OK.
4. TIH w/ pkr. Circ pkr fluid. Spot acid 12120-12186. Set pkr
@ 12061. Tstd pkr to 15000#. OK.
5. Perfed @ 12170-12186 (16'- 32 holes). Swabbed well.
6. Attempted to acidize w/ 2000 gal 15% HCL. Communication w/
backside. Bled tbg to 0#. Casing to 1100#. Pressured tbg
to 3500# again had increase on backside. Shut down acid job.
7. Bled tbg & csg down to 0#. POH. Swabbed on well. No gas
or fluid entry. Well status SI as of 10-19-90. Further
remedial work being evaluated.

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

SIGNED Larry D Ridenour

TITLE Larry D. Ridenour
Engineer's Assistant

DATE 10-31-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side