

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-13413	
2. NAME OF OPERATOR Texaco Producing Inc. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 730 Hobbs, New Mexico 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 1880' FNL & 1980' FEL Unit Ltr G		8. FARM OR LEASE NAME Salt Draw 11 Fed Com	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2973 GR		10. FIELD AND POOL, OR WILDCAT Undes. Salt Draw Atoka	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-25-S, R-28-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 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"/>	

(Note: Report results of multiple completion on Well Completion or Re-completion 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. Set 7" CIBP @ 12,100' and dumped 35' cmt on top of CIBP.
3. TIH w/ 7" Pkr. Spotted 100 gals of 10% acid @ 12,037-11965. Set pkr. @ 11917. Tstd pkr. to 2000#. OK.
4. Perfed @ 12,002 to 12,006 (5' @ 10 holes)
5. Flow tested well.
6. Rigged dn all equipment, left well SI, waiting on contract

Start Date 2/1/91
Completion Date 2/12/91

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

SIGNED <u>M.C. Duncan</u>	TITLE <u>M.C. Duncan Engineer's Assistant</u>	DATE <u>3-29-91</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

