

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

NM-41646

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

"BD" Federal

WELL NO.

2

FIELD AND POOL OR WILDCAT

Brushy Draw Delaware

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

Sec. 25, T26S, R29E

COUNTY OR PARISH STATE

Eddy

NM

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

NAME OF OPERATOR

Texaco Producing Inc.

ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, NM 88240

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

990' FNL & 330' FWL, Unit Letter D

RECEIVED BY

JAN 17 1986

ARTESIA, OFFICE

PERMIT NO.

30-015-25479

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

2925' - 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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Commence Drilling

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

XX

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.)

TOTAL DEPTH 5408'

11 3/4", 42#, H-40, ST&C csg. set at 505'

8 5/8", 32#, J-55, LT&C csg. set at 3000'

- 1) Ran 130 jts. (5408') 5 1/2" 15.5# LT&C set at 5425'. DV tool @ 3506'.
- 2) Cemented P/350 sx CL H LW w/1/4#/sx floreal. Tail w/250 sx CL H w/1/4# floreal. Circulate 10 sx to surface w/500 sx CL H LW w/1/4#/sx floreal. Tail w/250 sx CL H w/1/4#/sx floreal. WOC in excess of 18 hours.
- 3) Tested csg. w/1500# from 1:00 p.m. to 1:30 p.m. 01-04-86. OK.

ACCEPTED FOR RECORD

[Signature]
JAN 16 1986

CARISBAD, NEW MEXICO

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

SIGNED *[Signature]*

TITLE District Oper. Mgr.

DATE 01/09/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side