

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
Other instructions
verse sides

Budget Bureau No. 10-1-105
Expires August 31, 1984

clsf

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Texaco Producing Inc. ✓	8. FARM OR LEASE NAME "BD" Federal
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico, 88240	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements. See also space 17 below.) At surface Unit Letter D, 990' FNL & 330' FWL	10. FIELD AND POOL, OR WILDCAT Brushy Draw Delaware
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 25, T26S, R29E	12. COUNTY OR PARISH Eddy
13. STATE NM	
14. PERMIT NO. 30-015-25479	15. ELEVATIONS (Show whether DF, LT, or GR) 2925' GR

RECEIVED BY
FEB 10 1986
O. C. D.
ARTESIA, OFFICE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other) Completion	X

(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.) *

TD 5425'

12 jts. of 11 3/4", 42#, H-40, ST&C casing, set at 505'.

77 jts. of 8 5/8", 32#, J-55, LT&C casing, set at 3000'.

130 jts. of 5 1/2", 15.5#, LT&C casing, set at 5425'.

1. Ran GR/CBL from 3350' - 5291'.
2. PSA 5088'. Perforated 2 Sh/Int. 5140, 42, 44, 53, 58, 62, 68, 70, 72, 74, 76, 78, 85, 87, and 89. (15 Int., 30 Holes) Treated with 3000 gallons 7 1/2% NEFE. Re-leased packer.
3. Frac'd perforations from 5140-89 with 51,000 gallons 30# gelled X-linked 2% KCl with 100,000# 20/40 sand.
4. Set production equipment, tested and placed on production.

ACCEPTED FOR RECORD

Sw
FEB 6 1986

CARLSBAD, NEW MEXICO

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

SIGNED W.B. Calk

TITLE District Operations Manager DATE January 27, 1986

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

Expires: August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

CSF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen on Antelope, NM. Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Texaco Producing Inc. ✓	8. FARM OR LEASE NAME "BD" Federal
3. ADDRESS OF OPERATOR P.O. Box 728, Hobbs, NM 88240	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	10. FIELD AND POOL OR WILDCAT Brushy Draw Delaware
14. PERMIT NO. 30-015-25479	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T26S, R29E
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 2925' -GR	12. COUNTY OR PARISH Eddy
	13. STATE NM

RECEIVED BY
JAN 17 1986
O. C. D.
ARTESIA, OFFICE

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Commence Drilling</u> <input checked="" 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.)

TOTAL DEPTH 3000'
12 jts. of 11 3/4", 42#, H-40, ST & C csg. set at 505'

- 1) Ran 77 jts (2983') 8 5/8" 32#, J-55, LT&C Csg. set at 3000'
- 2) Cemented w/1200 sx LW "H" w/15# sx slt. & 1/4#/sx floseal. Tail out w/250 sx CL "H" w/1/4#sx floseal. Circulate 500 sx to surface. Job complete. WOC in excess of 18 hours.
- 3) Tested csg. at 1000# for 30 min. 7:00a.m. - 7:30a.m., 12-25-85. Tested ok. Job complete at 7:30 a.m.

ACCEPTED FOR RECORD

SWD
JAN 16 1986

CAPISBAG, NEW MEXICO

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

SIGNED <u>W. Baker</u>	TITLE <u>District Oper. Mgr.</u>	DATE <u>01-07-86</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side