

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW OIL CORP. COMPANY
SUBMIT IN 1
Other instruc
verse side
Artesia, NM 88207

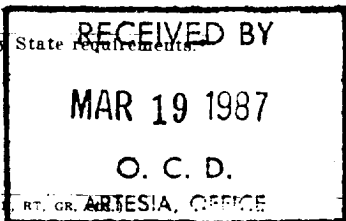
Form approved
Budget Bureau No. 1004-1
Expires August 31, 1985

dsf

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 Salt Mountain Federal 25
3. ADDRESS OF OPERATOR PO 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 J, 1655' FSL & 2325' FEL	10. FIELD AND POOL OR WILDCAT Brushy Draw Delaware
14. PERMIT NO.	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Section 25, T-26-S, R-29-E
15. ELEVATIONS (Show whether D., RT., GR., ARTESIA, OFFICE) 2916' GR	12. COUNTY OR PARISH Eddy
	13. STATE New Mexico



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) Drill <input checked="" 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.) *

- Spud 14 3/4" hole @ 5:30 PM, 03/07/87.
- Ran 11 3/4" csg. 42#, J-55 8RS (488') (13 jts.) set @ 500'.
- 1st Stage - Cmt. w/500 sxs. class "H" w/2% CaCl. WOC 6 hrs.
2nd Stage - Cmt. w/35 sxs. class "H". WOC 2 hrs.
3rd Stage - Cmt. w/35 sxs. class "H". WOC 2 hrs, tag @ 96'. Cmt. w/35 sxs. class "H" & circulate to surface.
- Tested csg. to 1000# from 1:15 PM to 1:45 PM, 03/09/87.
Tested ok. Job complete at 1:45 PM.

ACCEPTED FOR RECORD

MAR 15 1987

CARLSBAD, NEW MEXICO

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

SIGNED <u>J. A. Head</u>	TITLE <u>Hobbs Area Superintendent</u>	397-3571
(This space for Federal or State office use)		DATE <u>March 11, 1987</u>

APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side