

NM-17225-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(If well is in a lease, the operator must file this report to a different person or company than the lease owner. If the well is in a lease, the operator must file this report to a different person or company than the lease owner.)

1.

OP
WELL

2. NAME OF OPERATOR

Texaco Producing Inc. ✓

3. ADDRESS OF OPERATOR

P. O. Box 723, Hobbs, New Mexico 88240

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

Unit Letter J, 1665' ESL & 2325' FEL.

14. PERMIT NO.

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

2916' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Drill

(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 (488') (13 jts.) set @ 500'.

Ran 8 5/8" csg. 32#, J-55 LTC (3042') (74 jts.) set @ 3055'.

Ran 5 1/2" csg. 15.5#, K-55 (6303') (106 jts.) set @ 6320'.

1. Tested 5 1/2" csg. to 1550 psig from 4:45 PM to 5:15 PM, lost 100 psig, test ok.
Job complete @ 5:15 PM, 04/08/87.

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

397-3571

SIGNED

James A. Head
James A. Head

TITLE Hobbs Area Superintendent

DATE April 14, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APR 20 1987