

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

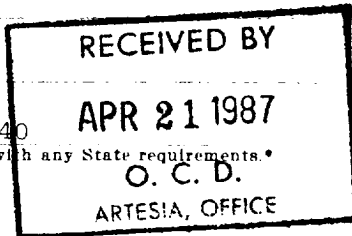
Blanket Permit No. 1
Expires August 1, 1988
LEASE DESIGNATION AND SERIAL

CLSP

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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Texaco Producing Inc. ✓
3. ADDRESS OF OPERATOR
P. O. Box 728, Hobbs, New Mexico 88240
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.



NM-17225-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Salt Mountain 25 Federal
9. WELL NO.
2
10. FIELD AND POOL OR WILDCAT
Brushy Draw Delaware
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 25, T-26-S, R-29-E
12. COUNTY OR PARISH
Eddy
13. STATE
NM

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input checked="" type="checkbox"/> 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') set @ 6320', (106 jts.)

1. Cmt. 1st Stage - w/400 sxs. lightweight 10# filsonite, 1/4# flocele, followed by 450 sxs. class "H" 10# gilsonite, 1/4# flocele. Circ. 6 1/4 hrs. Circ. 100 sxs. cmt. 2nd Stage - 500 sxs. lightweight 1/4# flocele. Plug down circ. 35 sxs.
2. Tested lub to 2100 psig-Ok. Test tbq. to 5000 psig. Test 5 1/2" csg. above RTTS to 1800 psig-Ok. Leak off 800 psig in 30 min.
3. WIH w/2 7/8" tbq. to 4750'.



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

SIGNED James A. Head
(This space for Federal or State office use)

TITLE Hobbs Area Superintendent

397-3571
DATE 4/17/87

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD
DATE

APR 20 1987

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO