

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-FOLD
(Other instructions on reverse side)

Expires August 31, 1985
LEASE DESTINATION AND SERIAL
NM-17225-A
OFF OF INDIAN, ALLOTTEE OR TRIBE

RECEIVED

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.)

OCT 23 12 27 PM '87

CARLENE E. JOHNSON
AREA HEADQUARTERS

RECEIVED

NOV 10 '87

O. C. D.
ARTESIA, OFFICE

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Texaco Producing Inc.

3. ADDRESS OF OPERATOR
PO 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 G, 1746' FNL & 2121' FEL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2970' GR

UNIT AGREEMENT NAME
FARM OR LEASE NAME
Salt Mountain 25 Fed.

9. WELL NO.
3Y

FIELD AND POOL OR WILDCAT
Brushy Draw Delaware

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA
S25, T26S, R29E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	Commence Drilling Opns. <input checked="" type="checkbox"/>
(Other)		*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 at 8:00 PM, 10/15/87

- Ran 12 jts. 11 3/4", 42#, H-40 8RS. casing, set at 500'.
- Pump 650 sxs. Class "H" with 2% CaCl + 1/4# Flocele. Lost ret. with 43 of 51 bbls. of displacement gone. WOC 6 hours. Ran 1" to 120' and tag cement. Pump 75 sxs. Class "H" with 3% CaCl. Circulated 25 sxs. NU WH and BOPs.
- NU BOP and test. Tag cement at 460'. Test 11 3/4" casing. Test from 8:15 to 8:45 PM, test ok. Test to 600#.
- Ran 71 jts. (2989') 8 5/8", 32#, J-55, LT & C casing, set at 3000'.
- Cement with 1000 sxs. Lightweight 15# salt, 1/4# Flocele, 250 sxs. Class "H" 1/4# Flocell. PD 5:00 AM, 10/22/87. Circulated 180 sxs.
- Test 8 5/8" casing from 8:45 to 9:15 PM, 10/22/87. Test to 1500#. Test ok. Job complete at 9:15 PM.

18. I hereby certify that the foregoing is true and correct
 SIGNED J. A. Head 397-3571 TITLE Hobbs Area Superint. DATE 10/22/87

(This space for Federal or State office use)
 APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS