

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

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, Inc

3. ADDRESS OF OPERATOR
3300 N. Butler, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' FNL and 660' FEL OF SEC. 31

14. PERMIT NO.
05067062870001

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6730' DF

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
JICARILLA *Cont 68*

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
JICARILLA B

9. WELL NO.
#8

10. FIELD AND POOL, OR WILDCAT
OTERO GALLUP

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
SEC. 31 T25N-R5W

12. COUNTY OR PARISH
RIO ARRIBA

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/> XY	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/> XX	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.)*

SEE ATTACHED WORKOVER PROCEDURE.

1700
1000
Belland
RECEIVED
JUL 2 1990
BLM CON. DIV.
DET. 2

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

SIGNED Alan A. Kleier TITLE AREA MANAGER DATE 7-8-90

(This space for Federal or State office use)

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

APPROVED AS AMENDED
JUL 18 1990
Ken Townsend
AREA MANAGER

BLM-Farmington(5), Jicarilla Apache Tribe, RSL, AAK, MLK, MAG for
*See Instructions on Reverse Side

JICARILLA "B" No. 8

WORKOVER PROCEDURE

1. MIRUSU.
2. TOOH w/ tubing.
3. RIH w/ tubing and 5 1/2" cement retainer, set @ 5975'.
4. Squeeze Gallup perforations with 35 sx cmt. Pull out of retainer and spot 10 sx cmt. on top of retainer.
7. Spot 9.2 #/gal mud from top of plug to 3650'.
4247'
8. Pull up to 3600' and spot 50 sx cmt. from 3650' to 3450'.
Spot @ 255K. Cement plug from 4247' to 4177'. 9.2 #/gal mud from top of Plug to 3650'. 3425'
9. Pressure test casing to 1000psi. If casing will not hold, RIH w/ tubing and packer, and locate leak. Squeeze casing leak with tubing and packer. If leak cannot be squeezed, evaluate for plug and abandonment operation.
10. If step 7 successful RU wireline and run minimum GR-CNL-CCL.
11. Perforate Pictured Cliff formation w/ 2 JSPF. Intervals to be determined after logging.
12. RIH w/ 5 1/2" treating packer on 3 1/2" 9.2 # N-80 tubing. Set packer 150' above perforations. Load backside and press. test to 1000 psi.
13. Acidize down tubing with 500 gal. 15% HCL.
14. Swab test interval and evaluate for fracture treatment.
15. If fracture treatment determined necessary, TOOH w/ tubing and packer and fracture stimulate perforations using 50,000 gal. gelled water and 50,000 LB. 20/40 mesh sand w/ 3% KCl water.
16. Shut well in overnight and flow back at 1/4 bbl/min.
17. RU swab and swab back load.
16. POH w/ tubing and packer. Lay down 3 1/2" tubing.
17. RIH w/ 2 3/8" production tubing.
18. RDMOSU.