

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO SF 079601
2. NAME OF OPERATOR Texaco, Inc. (505) 325-4397	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 3300 N. Butler, Farmington, NM 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1190' FSL and 1450' FWL of Sec. 20	8. FARM OR LEASE NAME Lydia Rentz
14. PERMIT NO.	9. WELL NO. #6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7366' DF	10. FIELD AND POOL, OR WILDCAT Basin Fruitland
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA N-Sec 20-T25N-R3W
	12. COUNTY OR PARISH Rio Arriba 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 <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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <input type="checkbox"/>	Recomplete <input checked="" 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.)*

Texaco Producing Inc. proposes the following workover to recomplete in the Basin Fruitland formation. The following procedure will be followed:

1. MIRUSU. Install BOP w/pipes and blind rams.
2. RIH w/cement retainer on 2-3/8", workstring. Set retainer @ 3740'.
3. Establish injection rate and squeeze Pictured Cliffs perforation w/150 sks low fluid loss cmt. Pull up and spot 2 sks on top of retainer. Reverse out excess out excess cmt. POH.
4. RU wireline service and run GR/CNL.
5. Perforate Basin Fruitland w/ 2 JSPF (intervals to be picked after logging).
6. RIH w/treating packer and SN and acidize w/200 gal. 7.5% HCl, NEFe acid per foot of pay. Flush w/fresh water to bottom of perf. Shut in for 45 minutes.
7. Flow/swab back load. Test well.
8. If frac job is necessary, kill well and pull production tbg.
9. RIH w/treating pkr on 3-1/2" frac tbg and set 50' above perfs.
10. Frac w/60,000 gal. X-link gel carrying 192,500 lbs. 20/40 brady sand. Immediately flush back.
11. Release packer and reverse out frac sand. POH w/treating equip.
12. Run production equipment and test.

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

SIGNED Alan G. Klier TITLE Area Manager DATE 5-21-90

(This space for Federal or State office use)

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

BLM-Farm(6), NMOGCC(4), RSL, AAK, MLK, MAG

*See Instructions on Reverse Side

MAY 22 1990
STEPHEN MASON
AREA MANAGER