

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse 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 485728 28 2-57

2. NAME OF OPERATOR
TEXACO INC. (505) 325-4397

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
1785' FNL and 1090' FWL SEC. 17

5. LEASE DESIGNATION AND SERIAL NO.
S-079600

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
C.W. Roberts

9. WELL NO.
8

10. FIELD AND POOL, OR WILDCAT
SO. Blanco PC. EXT. / MV

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
SEC. 17-T25N-R3W.

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7143 DF. 7131 GL

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"/>
FRAC TREATMENT <input type="checkbox"/>	MULTIPLE COMPLETE <input checked="" type="checkbox"/>	FRAC 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"/>
CHANGE TREATMENT <input type="checkbox"/>	CHANGE TREATMENT <input type="checkbox"/>	CHANGE TREATMENT <input type="checkbox"/>	CHANGE TREATMENT <input type="checkbox"/>

NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

17. Describe in brief the proposed or completed operations. Clearly state the 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 INC. proposes to complete additional pay in the Pictured Cliffs formation. The following procedure will be used:

1. MIRUSU. Install BOP w/pipe and blind rams. TOOH w/tbg.
2. RU wireline company and set wireline RBP at 3700'
3. Perforate the following Pictured Cliffs FDC/CNL interval:
3662-3682 (20)' w/4jspf
4. TIH w/3.5" tubing, packer, and 1 jt tailpipe Acidize Pictured Cliffs perms w/500 gals. 15% HCL.
5. Set packer at 3500' Fracture stimulate perforations using 40,000 gals gelled water and 40,000 #20/40 sand. The last 5,000#sand to be Resin Coated sand.
6. Flow back fracture treatment and acid load and clean up.
7. Retrieve RBP and TOOH w/3.5" tubing and packer.
8. TIH w/ 2.375" tubing and packer w/2000' of tailpipe. set packer @ 3700'. Produce Mesaverde through tubing and Pictured Cliffs through annulus.

RECEIVED

MAR 26 1990

OIL CON. DIV

DIST. 3

DATE 2-28-90

18. Signature of the person making the foregoing true and correct

SIGNER *Alan A. Kleier*

TITLE Area Manager

*This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

Approved **MAR 22 1990**

DATE send

*See Instructions on Reverse Side