

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-14973

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dome Federal 7-27-13

9. WELL NO.

#3

10. FIELD AND POOL, OR WILDCAT

Basin Fruitland Coal

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 7-

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

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 (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

1850' FNL and 1850' FEL

14. PERMIT NO.

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

GL 6013'

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

Recompletion

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: For 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 Coal formation. The following procedure will be performed:

1. MIRU. TOOH w/tubing.
2. RU wireline and run minimum CCL/GR from TD. Set CIBP @ 1337'. Pressure test CIBP.
3. Perforate Basin Fruitland Coal FDC/CNL intervals: 1298'-1305' & 1312'-1330' w/4 JSPF.
4. PU and TIH w/2-7/8" tbg and straddle-packer.
5. Acidize perforations w/500 gal. 15% HCl.
6. TOOH w/tubing and packer.
7. TIH w/2-7/8" tbg and conventional packer. Set @ 1250'.
8. Swab test intervals evaluate for fracture treatment.
9. TOOH w/tubing and packer.
10. If stimulation is necessary, 53,000 gals. 70 Q N2 foam w/ 3% KCl water and 61,500 lbs 40/70 & 20/40 brady sand.
11. Flow back fracture treatment.
12. If fill was encountered, TIH w/ 2-3/8" tbg & clean out to RBP. If no fill was encountered, TIH w/ 2-3/8" tbg & pkr & flow/swab test.
13. TOOH w/tbg & pkr. TOOH w/2-3/8" tbg open ended. Put on prod.
11. RDMOSU.

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

SIGNED

Alan G. Kleier

TITLE

Area Manager

DATE

5-28-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCD

APPROVED

MAY 31 1990

Ken Townsend

FOR AREA MANAGER

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

*See Instructions on Reverse Side