

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-9523
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 1830' FNL and 1690' FEL	8. FARM OR LEASE NAME Dome Federal 17-27-13
14. PERMIT NO.	9. WELL NO. #4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5998' GL	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T27N-R13W
	12. COUNTY OR PARISH San Juan
	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 <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) **Recomplete** ☒

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 followed:

1. MIRUSU. TOO H w/ tbg.
2. RU wireline company and run CCL/GR from TD and set CIBP at 1306' (Correlate to FDC/CNL run on 7-12-80). Pressure test CIBP.
3. Perforate the following Basin Fruitland Coal FDC/CNL intervals: 1232'-36', 1254'-59', 1286'-98' w/ 4 JSPF.
4. TIH w/ 2.375" tbg, RBP, & packer.
5. Acidize perforations w/ 4200 gals. HCl acid.
6. TOO H w/ tbg, RBP, & packer.
7. TIH w/ 2.375" tbg and set packer @ 1200'.
8. Swab test interval and evaluate for fracture treatment.
9. If necessary, TOO H w/ tbg & packer and fracture perms using 54,000 gals. foam and 60,500# sand. Flow back within 2 hrs.
10. RIH past perms to CIBP to check for fill.
11. If fill is encountered, clean out to RBP. If no fill is encountered, TIH w/ 2.375" tbg and packer. Flow/swab test formation.
12. TOO H w/ tbg and packer.
13. TIH w/ 2.375" tbg open ended. Put on production. RDMOSU.

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

SIGNED Alan A. Klever

TITLE Area Manager

DATE 6-28-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

JUL 02 1990

AREA MANAGER

BLM - Farmington (5), RSL, AAK, MLK, MAG

*See Instructions on Reverse Side

NMOOD