

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC. | 8. FARM OR LEASE NAME MARSHALL 'A' |
| 3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, Texas 79702 | 9. WELL NO. 8 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 945' FSL & 1595' FWL, UNIT LETTER N, SE/SW | 10. FIELD AND POOL, OR WILDCAT BASIN FRUITLAND COAL |
| | 11. SEC., T., R., OR BLK. AND SURVEY OR AREA SEC. 15, T-27-N, R-9-W |
| 14. PERMIT NO. API # 30-045-28725 | 12. COUNTY OR PARISH SAN JUAN |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-6271', KB-6284' | 13. STATE NM |

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

NOTICE OF INTENTION TO:

| | | | |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|-------------------------------------|-----------------|-------------------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input checked="" type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input checked="" type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| (Other) COMPLETION | <input checked="" type="checkbox"/> | | <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.)*

1. MIRU COMPLETION UNIT. TAG PBTD @ 2274'. TESTED CASING TO 3000# FOR 30 MINUTES 12-17-92.
2. APOLLO RAN GR-CCL. PERFED w/ 4 JSPF: 2110-21, 2122, 2124, 2128, 2129, 2132, 2135-37, 2164, 2180, 2196-2209, 2228-31. 144 HOLES.
3. DOWELL ACIDIZED WITH 1800 GAL 7 1/2% NEFE. FRAC WITH 31626 GAL 70 QUALITY FOAM WITH 132000# 20/40 SAND. MAX PSI: 3364, MIN PSI: 1030, AVE PSI: 2000, AVE RATE: 16 BPM. JOB COMPLETE 12-19-92.
4. TIH & CLEANED OUT SAND. TIH AND SET 2 3/8 TUBING @ 2169'.
5. WELL FLOWED 24 HOURS 12-28-92. RECOVERED 32 MCFPD AND 21 BLW.
6. TESTING.

RECEIVED
BLM MAIL ROOM
93 JAN-4 PM 1:01
JAN 11 1993
SANTA FE, N.M.

RECEIVED
JAN 11 1993

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

SIGNED C.P. Bonham / CWA TITLE DRILLING OPERATIONS MANAGER DATE 12-29-92

(This space for Federal or State office use)

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

*See Instructions on Reverse Side
NMOC