

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-020505
2. NAME OF OPERATOR Texaco Inc. (303) 565-8401		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box EE, Cortez, CO. 81321		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 1850' FNL & 1650' FWL Sec. 15		8. FARM OR LEASE NAME Mexico Federal 'N'
14. PERMIT NO.		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5631' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARRA Sec, 15, T29N, R11W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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"/>	

SUBSEQUENT REPORT OF:

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

The following work was begun May 4, 1987 and completed on May 8, 1987:
MIRUSU. Kill well w/60 bbl 3% KCl water. NUBOP. TOOH w/tubing and pkr. TIH w/4½" RBP, pkr and tubing. Set RBP at 1545. Set pkr at 1201'. Perforate 4 way squeeze hole at 1400'. Circulate hole clean between the 8 5/8" x 4½" casings. Cement w/280 sx 50-50 Poz and 50 sx class 'A' cement. Full returns thru job. Release pkr. TOOH w/tbg and pkr. TIH w/ 3 7/8" bit and tbg. Drill cement from 1320 to 1401. Clean out to 1533. Test casing to 1000#. TOOH w/bit and tbg. TIH and retrieve RBP. Run production equipment. Swab well in. RDMOSU.

RECEIVED

OCT 29 1987

ON 10/27/87

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

SIGNED Alan A. Klein TITLE Area Supt.

ACCEPTED FOR RECORD

DATE 10/22/87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 10/27/87

BY lit

BLM (4), NMOGCC (3), JNH-LAA-AAK
*See Instructions on Reverse Side
NMOGCC