

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC
(Other instructions o
verse side)

RECEIVED

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

6. LEASE DESIGNATION AND SERIAL NO.

LC
W-032874-a

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

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
CARLSBAD AREA

2. NAME OF OPERATOR
TEXACO INC

3. ADDRESS OF OPERATOR
P.O. BOX 728 HOBBS, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1650' FSL 2310' FWL UNIT LETTER K
SEC 35 T24S R37E

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

GL ERWIN A FEDERAL

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

JUSTIS BLINEBRY, JUSTIS TUBS DRINKARD

JUSTIS DEVONIAN

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

K, SEC 35 T24S R37E

14. PERMIT NO.
REGULAR

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
3182 DF

12. COUNTY OR PARISH
LEA

13. STATE
NM

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)

FULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)

COMMENCE WORK 8-26-87 - WELLBORE CONSISTS OF 3 STRINGS OF 2 7/8" CSG.
- IN DEVONIAN STRING - SET 2 7/8" CTBP @ 6000' CAP W/ 35' CMT (ABOVE TUBS DRINKARD),
SET 2 7/8" CTBP @ 5260' CAP W/ 35' CMT (ABOVE BLINEBRY), SET 2 7/8" CTBP @ 3950' CAPPED W/ 35' CMT
- IN TUBS DRINKARD STRING - SET 2 7/8" CTBP @ 5260' CAP W/ 35' CMT (ABOVE BLINEBRY), SET 2 7/8" CTBP
AT 3950' CAP W/ 35' CMT
- IN BLINEBRY STRING - SET 2 7/8" CTBP @ 3950' CAP W/ 35' CMT
- RAN FREEPOINT, FREE PIPE @ 3867', JET CUT ALL 3 CSG STRINGS AT 3850', RECOVER
- SPOTTED 100' CEMENT PLUG FROM 3743' TO 3843'
- CIRCULATED 10 1/2 gal BRINE GEL, TAGGED TOP OF PLUG AT 3726' (ABOVE CUTOFF)
- SPOTTED 100' CEMENT PLUG FROM 3502' TO 3602' (ACROSS INTERMEDIATE CASING SHOE)
- SPOTTED 100' CEMENT PLUG FROM 1002' TO 1102' (ABOVE TOP OF SALT)
- PERFORMED 9 5/8" CSG @ 325', TIEH W/ 9 5/8" CMT RETAINER SET AT 225'
PUMPED 200 SX CLASS C CMT W/ 2% CaCl2 BETWEEN 9 5/8" 13 3/8" SURFACE CSG. CIRCULATED
20 SX TO SURFACE
- SPOTTED SURFACE PLUG FROM 225' TO SURFACE
CUT OFF WELLHEAD INSTALLED DRY HOLE MARKER
GL ERWIN A NO. 2 P: A' d EFFECTIVE 9-2-87

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE AREA SUPERINTENDENT DATE SEP 14 1987

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

SEP 25 1987

SJS

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

RECEIVED
OCT 1 1987
OCD
HONORS OFFICE