

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL & GAS CONSERVATION DIVISION
Artesia, NM 88211

Form approved
Budget Bureau No. 1004-4
Expires August 31, 1985

dsf

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.)

RECEIVED BY
MAR 27 1987
O. C. D.
ARTESIA, OFFICE

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Texaco Producing Inc.

3. ADDRESS OF OPERATOR
PO Box 728, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
Unit Letter J, 1655' FSL & 2325' FEL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2916' GR

5. LEASE DESIGNATION AND SERIAL
NM-17225-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Salt Mountain 25 Federal

9. WELL NO.
2

10. FIELD AND POOL OR WILDCAT
Brushy Draw Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 25, T-26-S, R-29-E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

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) Drill <input checked="" 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.)*

Spud 14 3/4" hole @ 5:30 PM, 03/07/87
Ran 11 3/4" csg. 42#, J-55 8RS (488')(13 jts.) set @ 500'.

1. Ran 8 5/8" csg. 74 jts. (3042') 32# J-55 LT&C set @ 3055'.
2. Cement w/900 sxs LW 15# salt 1/4# flocele and 250 sxs class "H" 1/4# flocele. Circ. 90 sxs.
3. Tested csg. to 1000 psig from 7:15 pm to 7:45 pm 3-14-87. Tested OK. Job complete at 7:45 pm.

ACCEPTED FOR RECORD
MAR 25 1987
CS
CARLSBAD, NEW MEXICO

18. I hereby certify that the foregoing is true and correct
SIGNED Ja Hear TITLE Hobbs Area Superintendent DATE March 17, 1987
397-3571

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side