

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
reverse side)

Budget Bureau No. 1004-0135
August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

NM-58023

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Texaco Producing Inc.		8. FARM OR LEASE NAME EE Federal 24	
3. ADDRESS OF OPERATOR P.O. Box 730, Hobbs, NM 88240		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 800' FNL & 680' FEL		10. FIELD AND POOL, OR WILDCAT Dagger Draw Upper Penn, North	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T-19-S, R-24-E	
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3595' GL (14' KB)		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Intermediate Csg & Cmt

(Other)

(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) Ran 27 jts 9-5/8" 36# J55 LT&C csg & set @ 1200'.
- 2) Cmt w/500 sx LW "H" w/10# gilsonite, 1/2# flocele & tailed in w/350 sx C1 "H" w/1/4# flocele.
- 3) Did not cir cmt.
- 4) Ran Temp Survey. TOC @ 600'.
- 5) Could not get 1" down annulus.
- 6) Cmt w/500 sx C1 "H" w/4% CaCl₂ down annulus.
- 7) Ran Temp Survey. TOC @ 30'.
- 8) Tested 9-5/8" csg to 1000 psi from 3:00-3:30 A.M. 08-23-89. OK.

RECEIVED
OCT 2 8 59 AM '89
CARTER AREA

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

SIGNED

TITLE

Area Manager

DATE

09/21/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side