Hobbs Area

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING OFFICE FOR NUMBER OF COPIES REQUIRED (Other instructions on reverse side)

BLM Roswell District
Modified Form No.
NM060-3160-4

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.)

5. LEASE DESIGNATION AND SERIAL NO.: LC-067968

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: WEST DOLLARHIDE DRINKARD

2. NAME OF OPERATOR: TEXACO EXPLORATION AND PRODUCTION INC.

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: P. O. Box 3109, Midland, TX 79702

3a. AREA CODE & PHONE NO.: (915) 688-4620

9. WELL NO.: 137

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1125' FSL & 2450' FEL, UNIT LETTER O, SW/SE

10. FIELD AND POOL, OR WILDCAT: DOLLARHIDE TUBB DRINKARD

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: SEC. 19, T-24-S, R-38-E

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
API#: 30-025-32088	GR-3166', KB-3179'	LEA	NM

16. **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) SPUD & SURFACE CASING			[X]
(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. TMBR/SHARP RIG #12 SPUD 11 HOLE @ 9:30 PM 08-22-93. DRILLED TO 1263'. TD @ 7:15 AM 08-23-93.
2. RAN 29 JOINTS OF 8 5/8, 24#, WC-50, STC CASING SET @ 1263'. RAN 12 CENTRALIZERS.
3. DOWELL CEMENTED WITH 500 SACKS CLASS C W/ 4% GEL, 2% CACL2 (13.5 PPG, 1.74 CF/S). F/B 200 SACKS CLASS C W/ 2% CACL2 (14.8 PPG, 1.32 CF/S). PLUG DOWN @ 3:30 PM 08-23-93. CIRCULATED 225 SACKS.
4. NU BOP & TESTED TO 1500#. TESTED CASING TO 1500# FOR 30 MINUTES FROM 12:30 AM TO 1:00 AM 08-24-93.
5. WOC TIME 9 HOURS FROM 3:30 PM 08-23-93 TO 12:30 AM 08-24-93. REQUIREMENTS OF RULE 107, OPTION 2:
   1. VOLUME OF CEMENT SLURRY: LEAD 870 (CU.FT), TAIL 264 (CU.FT).
   2. APPROX. TEMPERATURE OF SLURRY WHEN MIXED: 50 F.
   3. EST. FORMATION TEMPERATURE IN ZONE OF INTEREST: 90 F.
   4. EST. CEMENT STRENGTH AT TIME OF CASING TEST: 900 PSI.
   5. ACTUAL TIME CEMENT IN PLACE PRIOR TO TESTING: 9 HOURS.
6. DRILLING 7 7/8 INCH HOLE.

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

SIGNED C.P. Basham /SOH TITLE DRILLING OPERATIONS MANAGER DATE 08-27-93

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 1993
Received
Texaco
Hobbs Area

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false

CEMENTING REPORT

File No.: _____ Report Date: 6/23/93

Operator: Texaco Requested By: G.L

Lease No: WAPU #137 Service Point: _____

Location: Lea Type of Job: Surf

Test Conditions:

Depth: 1200 ft., Temp Grad _____. BHST: 90 °F. BHCT: 85 °F

Properties:	Density (ppg)	Yield (cu ft/sk)	Mix Water (gal/sk)	Total Liquid (gal/sk)	Water Source	Cement Source
System No. 1	12.5	1.74	9.11	9.11	Loc	
System No. 2	14.8	1.32	6.32	6.32	Loc	
System No. 3						
System No. 4						

Cement System Compositions:

System No. 1 C + 4% D20 + 2% S1

System No. 2 C + 2% S1

System No. 3 _____

System No. 4 _____

Thickening Time Results **Rheology Results**

SYSTEM	HR:MIN	BC	300	200	100	60	30	6	3	PV or n'	Ty or k'	REHOLOGY MODEL	L.O.D.
No. 1	2:30	70	42	36	31	27	24	20	19				
No. 2	2:00	70	35	31	26	24	20	17	14				
No. 3													
No. 4													

Compressive Strengths - psi

SYSTEM	TEMP.	6 HRS.	12 HRS.	24 HRS.
No. 1	90 °F	450	800	1400
No. 1	°F			
No. 2	90 °F	600	1200	1900
No. 2	°F			
No. 3	°F			
No. 3	°F			
No. 4	°F			
No. 4	°F			

FLUID LOSS **FREE WATER**

	_____ °F. _____ psi	_____ °F
SYSTEM	mL/30 min	mL
No. 1		
No. 2		
No. 3		
No. 4		

Remarks: Job in Progress

Chemist: _____