

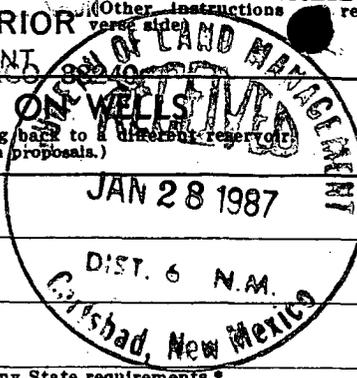
**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions re-
verse 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 reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)



<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Texaco Producing Inc.</p> <p>3. ADDRESS OF OPERATOR P.O. Box 728, Hobbs, NM 88240</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit letter O, 330' from the South line and 1980' from the East line</p> <p>14. PERMIT NO. 30-025-12213</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. LC-067968 NM-10185</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME West Dollarhide Drinkard Unit</p> <p>8. FARM OR LEASE NAME</p> <p>9. WELL NO. 11</p> <p>10. FIELD AND POOL, OR WILDCAT Dollarhide Tubb Drinkard</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19, T24S, R38E</p> <p>12. COUNTY OR PARISH Lea</p> <p>13. STATE NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3169' DF</p>	

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 checked="" 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 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.)*

- 1) MIRU. Pull rods and pump.
- 2) Install BOP. TOH w/production tbg.
- 3) TIH and circ. well clean with muleshoe on bottom.
- 4) Spot 2 drums convertor mixed in 2 bbls fresh water across perforations (6624'-6722'). TOH.
- 5) Perforate Dollarhide Tubb Drinkard w/2 SPF at 6610'-11, 77.5-79.5, 6750-54, 90-98 (5' NET), 6827-6830, 38 shots.
- 6) TIH w/pkr to 6540. Test workstring to 5000 psi. Swab convertor back.
- 7) Acidize Drinkard perforations w/10,000 gals 15% NEFE HCL w/ball sealers @ 4-5 BPM AIR (Total 350 perfs).
- 8) Swab acid back and squeeze 2 drums scale inhibitor mixed in 30 bbl fresh water and flush w/100 bbl fresh water mixed in 5 gal. surfactant.
- 9) TOH w/pkr and workstring.
- 10) TIH w/prod. tbg, anchor, rods, and pump. Place well on production.

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

SIGNED *Ch. Browning* TITLE District Admin. Supervisor DATE 01/23/87

(This space for Federal or State office use)

APPROVED BY Orig: Sgd: Charles S. Dohlea TITLE _____ DATE 1-29-87
CONDITIONS OF APPROVAL: _____

*See Instructions on Reverse Side