

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240
N. M. OIL CONS. COMMISSION
P.O. BOX 7280

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

3. LEASE DESIGNATION AND SERIAL NO

M-0497735

6. 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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Texaco Inc.

3. ADDRESS OF OPERATOR

P. O. 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

1815' FSL & 1815' FWL Unit Letter K

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

M.A. Cunningham Fed. NCT-1

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Todd Wolfcamp

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

Sec. 26, T-7-S, R-35-E

14. PERMIT NO.

Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4183' GR

12. COUNTY OR PARISH

Roosevelt

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PCLL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Temporary Abandon Ext.

X

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.)*

It is requested that an extension be granted to allow the subject well to remain temporarily abandoned for the next year. This well is being evaluated for possible re-completion in an upper zone. The well was completed in the Wolfcamp with perfs between 7596' and 7633'. There is an obstruction @ 4999', consequently, a CIBP is set at 4950' with 35' of cement on top. The well was loaded with inhibited water and secured at the surface by a 2" valve. (A procedure for testing downhole integrity is also being submitted.)

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

SIGNED

L. J. Seeman

TITLE

L. J. Seeman
District Petr. Engr.

DATE 5-01-86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

TITLE

APPROVED FOR 12 MONTH PERIOD
ENDING JUN 19 1987

*See Instructions on Reverse Side

APPROVED

PETER W. CHESTER

JUN 19 1986

BUREAU OF LAND MANAGEMENT

Form 1100-5
November 1981
Bureau of Land Management

N. M. OIL CONS. COMMISSION

UNITED STATES P. O. BOX 1480
DEPARTMENT OF THE INTERIOR, NEW MEXICO 88240
BUREAU OF LAND MANAGEMENT

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 different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Texaco Inc.

3. ADDRESS OF OPERATOR
P. O. 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
1815' FSL & 1815' FWL, Unit Letter K

14. PERMIT NO.
Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4183' GR

5. LEASE DESIGNATION AND SERIAL NO
NM-0497735

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
M.A. Cunningham Fed. NCT-1

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Todd Wolfcamp

11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA
Sec. 26, T-7-S, R-35-E

12. COUNTY OR PARISH
Roosevelt

13. STATE
NM

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

16. NOTICE OF INTENTION TO:

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) Downhole integrity Test	(Other) X

(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. Loaded hole with 65 Barrels water.
2. Pressured up to 300#. Held pressure for 30 minutes. Held OK.
(See Attached chart).



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

SIGNED

L. J. Seeman

TITLE

L. J. Seeman
Dist. Petr. Engr.

DATE

6-16-86

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE

JUN 19 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

