

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other Instruct
verse side)

CATE
on re

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

5. LEASE DESIGNATION AND SERIAL NO

LC-067229-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

M. T. Keohane Federal

9. WELL NO.

3

10. FIELD AND POOL OR WILDCAT

Mescalero Escarpe

Bone Springs

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

Sec. 14, T-18-S, R-33-E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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 ☐ Drilling Well
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 Unit Letter D, 330' FNL and 990' FWL

14. PERMIT NO

Regular

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

3991 KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud / Surface Csg & Cement

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PURPOSES 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 15" hole at 7:00 AM MST 8-16-87. Drilled to TD 554'.
Ran 13 Jts, 541' 11 3/4" H-40 42# ST+C Casing Set at 554'.
Cemented w/ 550 SX class 'H' 270 CaCl₂ 1/4 floccle. Plug
down 12:15 AM MST 8-17-87. Circulated 289 SX. Witnessed
by J. Johnson, BLM.

RECEIVED

SEP 21 8 24 AM '87

CARLSBAD DISTRICT
AREA WELL CENTERS

ACCEPTED FOR RECORD

SJS
SEP 23 1987

CARLSBAD, NEW MEXICO

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

SIGNED

A. Germandt

TITLE

Area Superintendent

DATE

9-18-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
SEP 24 1987
OCD
HOBBS OFFICE