

BUREAU OF LAND MANAGEMENT, M. M. OIL &amp; GAS CONVEYANCE

## 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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-56749	
2. NAME OF OPERATOR Texaco Producing Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR PO Box 728, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Unit Letter F, 2310' FNL, 2210' FZL		8. FARM OR LEASE NAME Federal USA "L"	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3679' GL		10. FIELD AND POOL, OR WILDCAT Tonto-Seven Rivers	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S-14, T-19S, R-33E	
		12. COUNTY OR PARISH Lea	13. STATE 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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 checked="" type="checkbox"/>
(Other) Commence Drilling	

(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. Spud 12½" hole at 3:30AM 7-19-89.
2. Ran 37 jts 8 5/8", 24#, J-55, ST&C, set @ 1507'.
3. Cement W/1000 Sx C1 "H" W/2% CACL + ¼# Flocele, 15.6 ppg. BP W/1100 psig. Circ 180 sx.
4. Test 8 5/8" casing to 1000 psig from 11:00AM to 11:30AM, 7-21-89, test-OK.

RECEIVED  
 SEP 15 11 20 AM '89  
 CANINE  
 AREA  
 OFFICE

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

SIGNED

TITLE

Area Superintendent

DATE

7-26-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SJS