

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

NM-0250

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
2086' FSL & 556' FWL of Section 1, T-20-S,
R-34-E, Unit Letter 'L', Lea County, New Mexico

14. PERMIT NO. Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3698' (DF)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-

7. UNIT AGREEMENT NAME
-

8. FARM OR LEASE NAME
K.F. Quail Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Lea Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 1, T-20-S,
R-34-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(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. Rig up. Install BOP.
2. Clean out well.
3. Spot 165 gal NOCOR-851 (Sulfate Dispersant) & 110 gal. treated water over 2-7/8" OD csg perforations 9601'-9639'.
4. Spot 500 gal. 15% NE Acid over perforations 9601'-9639'.
5. Acidize perforations w/3000 gal. 28% HCl (Super X-20) & 4000 gal. Waterfrac-30.
6. Swab. Squeeze perforations w/110 gal. scale inhibitor.
7. Install pumping equipment. Test & place on production.

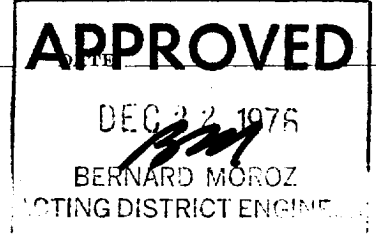
18. I hereby certify that the foregoing is true and correct

SIGNED *J. G. [Signature]* TITLE Asst. Dist. Supt. DATE 12-21-76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side