

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	Aug 30 10 11 AM '90	5. LEASE DESIGNATION AND SERIAL NO. LC034075
2. NAME OF OPERATOR Texaco Producing Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 730 Hobbs, NM 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 760' FSL & 1980' FEL Unit Ltr. 0		8. FARM OR LEASE NAME Saunders K State Gas Com
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, ST, CR, etc.) 3697 GR	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Eumont Yates 7 Rv Qn
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-19-S, R-37-E
		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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETION <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) <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. Kill well. POH w. tbq.
2. Set RBP @ 3400'. Test csg to 3500 psi.
3. Clean out hole to 3577'.
4. Perf 3428,29,40,42-48,52,56-62,67,72,73. (21 int: 42 holes)
5. Acidize Eumont w/ 3000 gal. 15% NEFE. Max Press: 3500 psi.
6. Frac Eumont w/ 32200 gal. 40# linear gel, 32200 gal. CO2 and 315000# 12/20 brady sand.
7. Flow back as long as possible. Cleanout sand. Run prod tbq. Place on test.

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

SIGNED <u>L. D. Ridenour</u>	TITLE <u>Engineer's Assistant</u>	DATE <u>8-24-90</u>
(This space for Federal or State office use)		
APPROVED BY <u>Orig. Signed by Admin. Assistant</u>	TITLE <u>Administrative Assistant</u>	DATE <u>9-5-90</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.