

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

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

LC-033706 (a)

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME --
2. NAME OF OPERATOR TEXACO INC.		7. UNIT AGREEMENT NAME --
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME C. P. Falby "A" Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1982' FWL of Section 8, T-22-S, R-37-E, Unit Letter "F", Lea County, New Mexico.		9. WELL NO. 3
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT Drinkard
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3432' (DF)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-22-S, R-37-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:

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)			

SUBSEQUENT REPORT OF:

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)	*Blinebry - Recompl. Drkd.		<input checked="" 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. Rigged up. Install BOP. Pulled pumping equipment.
2. Set paker @ 5345'. Squeeze 5-1/2" csg perforations 5532'-5939' w/160 sx Class "C" Cement. WOC. Reset pkr. @ 5160'. Blinebry Zone abandoned. DOC.
3. Tested cement for 30 minutes w/1000#, 2:15-2:45 P.M., 12-16-76. Tested ok.
4. Cleaned out sand fill 6113-6557'.
5. Perforate 5-1/2" csg w/2 JSPF @ 6343', 49', 51', 53', 63', 98', 6409', 12', 20', 26', 47', and 6457'.
6. Clean out well to 6557'.
7. Set RBP @ 6472'. Spot 1/2 sx sand on plug. Set packer @ 6349'.
8. Spot 160 gal 15% NE Acid over perforations 6343'-6457'. Set pkr. @ 6247'.
9. Acidize perforations 6343'-6457' w/1500 gal 15% NE Acid using 36 Ball Sealers. Flushed w/40 bbls. treated water.
10. Frac perforations 6343'-6457' w/21,714 gal. gelled brine w/17,718# 20/40 sand flushed w/2471 gal. gelled brine.
11. Ran production equipment.
12. Pull rods & pump. Install BOP. Pull tubing.
13. Set RBP @ 6470' & spot 4 sx sand on top of plug. Set pkr. @ 6251'.
14. Frac 5" csg perforations 6343'-6427' w/30,000 gal Poly-Vis III containing 13,200# 20/40 sand & 2500 gal 15% NM Acid in 3-equal stages & use 3 frac balls between stages. Flush w/41 bbls 2% KCl water.
15. Install pumping equipment. On 24 hr. potential test, ending 3-22-77, well pumped 16 BO & 12 BW. GOR 5000. Drinkard Zone.

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

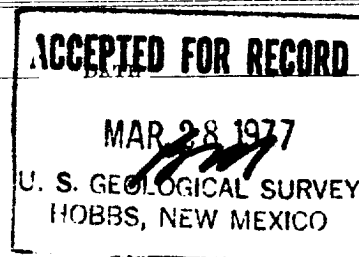
SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 3-23-77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side



04-16 201 0119303

RECEIVED

12-2-1977