

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

Form approved
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-032104
2. NAME OF OPERATOR Texaco Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 728, 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 Unit Letter L, 1980' FSL & 330' FWL	8. FARM OR LEASE NAME A.H. Blinebry Fed NCT-1
	9. WELL NO. 11
	10. FIELD AND POOL, OR WILDCAT San Andres
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 28, T22S, R38E
14. PERMIT NO. 30-025-12144	12. COUNTY OR PARISH Lea
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3386' (DF)	13. STATE NM

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 COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)	Convert to SWD		X

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 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.)*

Well is currently completed in Tubb & Drinkard zones. These will be abandoned.

- 1) MIRU. Pull rods and pump. Install BOP.
- 2) TOH w/tubing & mud anchor.
- 3) GIH w/workstring and 6 1/8" bit. Clean hole out to Baker Model DA Packer @ 6850'. TOH.
- 4) GIH open ended and spot 8 sxs Class H w/2% CaCl₂ (35'). TOH.
- 5) GIH w/cmt. retainer and set @ 6200'. Spot 8 sxs Class H w/2% CaCl₂ (35') on top of retainer. TOH.
- 6) GIW w/cmt. retainer and set @ 5200'. Spot 8 sxs Class H w/2% CaCl₂ (35') on top of retainer. TOH.
- 7) Perf San Andres zone @ 4952'-54', 4982'-90', 5015-24, 5028-30 with 2 SPF, 50 shots.
- 8) TIH w/packer set @ 4800'. Acidize San Andres perfs w/2500 gals 15% HCL w/ball sealers.
- 9) Swab/flow back load.
- 10) TOH w/workstring & packer.
- 11) TIH w/2 7/8" IPC tubing and Baker Model AD-1 injection packer. Set @ 4850'.
- 12) Install injection meter and place well on injection.
- 13) Allow well to stabilize and run stop rate test.

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

SIGNED W. Browning

TITLE Dist. Admin. Supervisor

DATE 01/28/87

(This space for Federal or State office use)

Orig: Sgd. Charles S. Browning

APPROVED BY

TITLE

DATE

2.3.87

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by F.

Subject to
Like Approval
by State

Instructions on Reverse Side