

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

TE
re

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-032104
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
UNIT LETTER F, 1980 FNL & 1700' FWL

14. PERMIT NO.
30-025-30042

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3368.5 KB

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
A.H. BUNEBRY FED. NCT-1

9. WELL NO.
44

10. FIELD AND POOL NAME
BRUNSON ABO, SOUTH

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
SECT 33, T22S, R38E

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

1. R.M. POH w/27/8" PRODUCTION TUBING.

2. GIH w/43/4" BIT. CLEAN OUT WELL TO P.B.T.D. 7330' TOH.

3. GIH w/ PACKER AND WORKSTRING, TESTING TO 8500 PSI.

4. SET PACKER @ 6300', LOAD BACKSIDE, PRESSURE TO 700 PSI AND MONITOR.

5. FRACTURE STIMULATE SOUTH BRUNSON ABO PERFORATIONS (6844'-7256')
24000 GALS 20% HCLACID GELLED, 8000 GALS 15% SLICK HCLACID, 56000 GALS WIDEFRAC
240, 20000 GALS WATERFRAC 240, AND 480000 SCF NITROGEN IN 4 EQUAL STAGES

6. SHUT-IN 2 HRS

7. FLOW WELL BACK AND PLACE ON PRODUCTION.

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

SIGNED

TITLE

AREA SUPERINTENDENT

DATE

FEB 5 1988

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

2-11-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side