

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
PERMIT

SUBMIT IN TRIPLICATE
Other instructions reverse side

Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS 88240

(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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> INJECTION WELL		7. UNIT AGREEMENT NAME MLMU
2. NAME OF OPERATOR TEXACO PRODUCING INC.		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. BOX 728, HOBBS, NM 8840		9. WELL NO. 47
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface UNIT LTR. M, 330 FSL & 330 FWL		10. FIELD AND POOL OR WILDCAT Langlie Mattix 7-Rivers Queen
14. PERMIT NO. 30-025-10855		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T23S, R37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3303'		12. COUNTY OR PARISH Lea
		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 PLANS <input type="checkbox"/>
(Other) Repair csg. leak	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.)*

1. Rig up. POH w/injection equipment.
2. RIH w/WS, 5 1/2" pkr and 5 1/2" RBP and locate csg leak. Establish injection rate into leak if possible. POH w/WS, pkr to RBP.
3. If necessary, perf 5 1/2" csg at leak w/2 holes using a 4" csg gun to establish injection rate.
4. RIH w/WS and 5 1/2" CIBP and set at 3400'. POH w/WS.
5. RIH w/WS and 5 1/2" cmt retainer and set the retainer at \pm 150' above the csg leak.
6. Squeeze cement the csg. leak using class "H" cmt.
7. Sting out of the retainer and circ. out the excess cmt. POH w/WS. WOC 24 hours.
8. RIH w/WS and 4" bit and drill out the retainer and cmt to the top of the CIBP.
9. Close the BOP and pressure test the cmt. job to 500 psi by pressuring through the bit.
10. Drill out the CIBP & C/O to PBTD 3639'. POH w/WS and bit.
11. RIH w/injection tbg. and pkr. to \pm 3450' and set pkr.
12. Load annulus w/inhibited wtr and return well to injection.

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

SIGNED W.B. Ash TITLE DISTRICT OPR. MGR. DATE 10/10/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 10-28-85

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side

RECEIVED

OCT 29 1985

G.D.
HOLDS OFFICE