

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse 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"/>	7. UNIT AGREEMENT NAME Myers Langlie Mattix Unit
2. NAME OF OPERATOR Texaco Producing Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, NM 88240	9. WELL NO. 254
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2439' FSL and 200' FWL	10. FIELD AND POOL, OR WILDCAT Langlie Mattix Seven Rivers Queen
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 29, T-23-S, R-37-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3313' GR	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 type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input 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) Commence Drilling <input checked="" 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.) *

Spudded 12 14/" hole @ 1:00 p.m. 03/25/86
TOTAL DEPTH - 1066'

- 1) Ran 26 jts (1056'), 8 5/8", 24#, J-55, STC set @ 1066'.
- 2) Cemented w/800 sx CL "H", 2% CaCl w/1/4# Flocele.
Circulated 280 sx. WOC 18 hrs.
- 3) Tested w/1000# from 4:00 p.m. to 4:30 p.m., 03/28/86. Tested ok - Job complete at 4:30 p.m.

ACCEPTED FOR RECORD

SWQ
APR 10 1986

CAPICRAD NE CO

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

SIGNED <i>W. Browning</i>	TITLE Dist. Admin. Supervisor	DATE 04/02/86
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

RECEIVED
APR 11 1986
G. C. H.
H. C. H. S. L. H. S.