

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions  
verse side)

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well		5. LEASE DESIGNATION AND SERIAL NO. 12612 NM-0221613	
2. NAME OF OPERATOR Texaco Producing Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 728, Hobbs, New Mexico, 88240		7. UNIT AGREEMENT NAME Cooper Jal Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit letter E, 2310' FNL and 330' FWL		8. FARM OR LEASE NAME	
14. PERMIT NO. 30-025-11166		9. WELL NO. 207	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3306' DF		10. FIELD AND POOL, OR WILDCAT Jalmat Yates Seven Rivers	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-24S-37E	
		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:

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) <input type="checkbox"/>	

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) <input checked="" type="checkbox"/> Casing Repair	

(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. Remove injection tubing and packers from well.
2. Set RBP at 2966'. Tested 4 1/2" and 7" casing to 750# for 30 minutes - held okay. TOH.
3. Circulated and cleaned to 3576'. Acidized Langlie Mattix perforations 3408'-3468' and Langlie Mattix OH 3485'-3576' with 3000 gallons 20% NEFE acid in 3 stages.
4. Acidized Jalmat perforations 3006'-3280' with 2000 gallons 20% NEFE acid in 2 stages.
5. Set RBP at 2942'. Tested casing to 500#. Did not hold.
6. Located leaks at 649' - 680'. Broke down leaks with 150 gallons 15% acid.
7. Squeezed leaks at 649'-680' with 500 sacks Class "C" and 2% CaCl<sub>2</sub>.
8. Drilled out cement and retainer 550'-700'. Tested squeeze to 500# - held okay.
9. Drilled out CIBP at 1993'.
10. Tested 7" and 4 1/2" casing 0'-2947' to 500# for 30 minutes - held okay. Rerun injection packers and tubing and return to injection. Bottom packer at 3320'. Top packer at 2943'.
11. Langlie Mattix potential: 100 BWIPD at 900 psi.

ACCEPTED FOR RECORD

*Jul*  
APR 29 1986

18. I hereby certify that the foregoing is true and correct. CARLSBAD, NEW MEXICO

SIGNED *AW Browning*

TITLE Dist. Adm. Supvr.

DATE 04-16-86

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side