

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions  
reverse side)

Budget Bureau No. 1004-0133  
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	
2. NAME OF OPERATOR Texaco, Inc.		8. FARM OR LEASE NAME G.L. Erwin "A" Federal	
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1650' FSL, 2310' FWL, Unit Letter 'K' Sec 35, T-24-S, R-37-E		10. FIELD AND POOL, OR WILDCAT Justis Blinbry, Justis Tubb Drinkard, Justis Devonian, N.	
14. PERMIT NO. Regular		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA K, Sec 35, T-24-S, R-37-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3182' DF		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) <u>Casing Test</u> <input checked="" type="checkbox"/>	

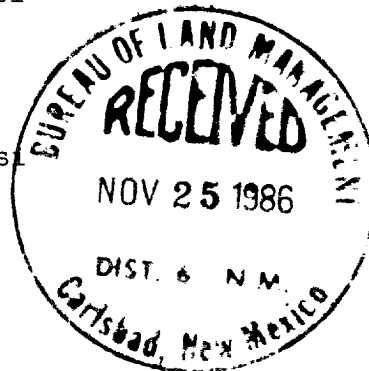
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) \*

In Blinbry Casing String - 2 7/8" csg.  
Set CIBP @ 7040', cap with 35' cmt.  
Set CIBP @ 6000' cap with 35' cmt.  
Set CIBP @ 5255', cap with 35' cmt. Press to 500psi bled to 0 psi  
Failed integrity test.

In Tubb Drinkard casing String - 2 7/8" csg.  
Set CIBP @ 5922', cap with 35 cmt- press to 500 psi bled to 0 psi  
Failed integrity test.

In Devonian casing string - 2 7/8" csg.  
Set CIBP @ 7040' cap with 35' cmt. press to 500 psi bled to 0 psi  
Failed integrity test.  
All work performed from Oct. 9, 1986 to Oct. 18, 1986.



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

SIGNED J. W. Browning TITLE Dist. Admin. Supervisor DATE 11-17-86  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 12-2-86  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
3 1986  
NFC  
HOBBS OFFICE