

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
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"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-057509
2. NAME OF OPERATOR TEXACO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 730, Hobbs, NM 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter P, 660' FSL & 660' FEL API Number 3002511362	8. FARM OR LEASE NAME G. L. Erwin "B" Fed. NCT-2
14. PERMIT NO. Regular	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3171' DF	10. FIELD AND POOL, OR WILDCAT u-boat Paddock
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 35, T24S, R37E
	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>Recomplete Paddock Pay</u>	

(Other) _____

(NOTE: Report results of multiple completion as 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) RUPU. Install BOP.
- 2) GIH w/2-7/8" tbg. Tag'd CIBP @ 4950'. Ld hole w/2% KCl. Spt 165 gals 7-1/2% Acetic acid. POH.
- 3) Ran GR-CCL fr 3600-4931'.
- 4) Perf w/4 JSPI 4880-4900'. (80 holes)
- 5) GIH w/pkr @ 4823'. A/w/3000 gals 15% NEFE acid using BS's. 4 BPM. Max P-2000#.
- 6) RD. Cldn locn.
- 7) Flow test, SI & request allowable to place on production.

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

SIGNED J. A. Head RST TITLE Area Manager DATE 06/07/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side