

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-0326508 - 13
2. Name of Operator Texaco Producing Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 730, Hobbs, NM 88240	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter F, 1980' FNL & 2080' FWL, Sec 24, T25S, R37E	8. Well Name and No. A. B. Coates "C" #10
	9. API Well No. 30-025-11732
	10. Field and Pool, or Exploratory Area Justis Fusselman
	11. County or Parish, State Lea

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent <input checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input type="checkbox"/> Other <input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <u>Acidize, Scale Squeeze</u> (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Routine maintenance operations indicated carbonate scale deposition

- 1) Pulled production equipment. Acidized Fusselman perfs @ 6584-6750' w/6000 gals 15% NEFE HCl. Max P-3000#. 8 BPM. ISIP-Vacuum.
- 2) Sqzd perfs w/110 gals scale inhibitor mixed in 25 BPW. Flushed w/250 BPW.
- 3) Placed well on production.
- 4) 30 Day Completion Test: 06-23-90, 25 BO, 60 BW, 34.7 MCF, 1388 GOR.

RECEIVED
JUL 16 8 19 AM '90
CARLSBAD AREA OFFICE

ACCEPTED
Aker

RECEIVED
JUL 11 12 23 PM '90

CARLSBAD, NEW MEXICO

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

Signed <u>[Signature]</u>	Title <u>Engineer's Assistant</u>	Date <u>07-09-90</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.