

NEW MEXICO OIL CONSERVATION COMMISSION

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FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

10. Indicate Type of Lease
State ☒ Fee ☐
Lease No. **B-158-3**

11. Name of Lessee
M.M. 'BZ' St. NCT-10

12. Well No.
4

13. Field or Locality or Well
**Justis-Blinebry
Justis-Tubb-Drinkard**

14. County
Lea

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR NOTICES TO LESSEES OR TO OTHERS. IT IS FOR THE COMMISSION'S USE ONLY.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
TEXACO Inc.

3. Address of Operator
P. O. Box 728 - Hobbs, New Mexico 89240

4. Location of Well
UNIT LETTER **M** **660** FEET FROM THE **South** LINE AND **989** FEET FROM THE **West** LINE, SECTION **2** TOWNSHIP **25-S** RANGE **37-E** NAME

5. Elevation (Show whether DS, RT, GS, etc.)
3151' (DF)

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
FULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☒ Repair Communication

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Rigged up. Pull rods & pump. Clean out well.
2. Set RBP in Tubb-Drinkard @ 5000'. Test casing w/1000#. Tested O.K.
3. Set RBP in Blinebry @ 4922'. Test casing w/1000#. Tested O.K.
4. Reset RBP in Blinebry @ 5340'. Set pkr @ 5215'. Test and release packer.
5. Perforate 2-7/8" Tubb-Drinkard zone w/2 JS @ 5040'. Squeeze w/600 sx Hallite cement followed by 10 sx. Class 'C' cement.
6. Pump 190 sx Class 'C' cement up intermediate casing. WOC. Release RBP.
7. Perforate 2-7/8" Tubb-Drinkard zone w/2 JSPE @ 5270', 71, 72, 73 and 5275'.
8. Set RBP @ 5340' & pkr. @ 5215'. Acidize perforations 5270-5275' w/500 gals. 15% HCl ME acid. Flush w/10 bbls. water.
9. Pull pkr & RBP. Install production equipment.
10. Test and place on production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE **Asst. Dist. Supt.** DATE **12-20-77**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: