

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

RECEIVED

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.<br>NM-14218                            |  |
| 2. NAME OF OPERATOR<br>TEXACO INC                                                                                                                                                  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                       |  |
| 3. ADDRESS OF OPERATOR<br>P.O. BOX 728, HOBBS, NM 88240                                                                                                                            |  | 7. UNIT AGREEMENT NAME                                                     |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>ULC 852' FWL, 1050' FWL SEC 35 T24S R37E |  | 8. FIRM OR LEASE NAME<br>CCFRISTOE B ACT-2                                 |  |
| 14. PERMIT NO.                                                                                                                                                                     |  | 9. WELL NO.<br>9                                                           |  |
| 15. ELEVATIONS (Show whether DY, RT, GR, etc.)<br>3196 KB                                                                                                                          |  | 10. FIELD AND POOL, OR WILDCAT<br>JUSTIS BLINDESKY<br>JUSTIS TUBS DETAKARD |  |
|                                                                                                                                                                                    |  | 11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA<br>SEC 35, T24S, R37E      |  |
|                                                                                                                                                                                    |  | 12. COUNTY OR PARISH<br>LEA                                                |  |
|                                                                                                                                                                                    |  | 13. STATE<br>NEW MEXICO                                                    |  |

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 checked="" type="checkbox"/> | MULTIPLE COMPLETION <input type="checkbox"/>  |
| SHOOT OR ACIDIZE <input type="checkbox"/>          | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>               | CHANGE PLANS <input type="checkbox"/>         |

(Other) PERF ADDITIONAL BLINDESKY PAY

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 type="checkbox"/>    |

(Other) \_\_\_\_\_

(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.)

\* SUBJECT WELL CONSISTS OF THREE SITES 2 3/8" CSG. X-DEEP REVERS Y-BLINDESKY Z-DRTAKARD  
Z - PULL PROB. EQUIP. - CLEAN OUT TO 5170' USING 2 3/8" BIT ON 1 5/8" WLS.  
RUN GR-CEL FROM 4000' TO 6000' - SET WLS CTRF @ 5290' CAP W/ 10' CMT  
Y - CLEAN OUT TO 5150' W/ 2 3/8" BIT ON 1 5/8" WLS - SET WLS CTRF @ 5290'  
CAP W/ 10' CMT, TEST CSG TO 500 PSI  
Z - PERFORM 2 SITES (ORIENTED AWAY FROM X & Y SITES) 5132, 33, 34, 35, 38, 39, 40, 45,  
47, 55, 58, 60, 64, 69, 70, 71, 77, 86, 90, 97, 5208, 12, 39, 44, 58, 60, 69  
2 SEPT, 27 JOT, 54 HOLES  
- SET PKR @ 500', ACTUAL BLINDESKY PERFORM 5132-5204 W/ 2000 GAL 15% NITR  
FRAC W/ 2000 GAL 40 LB GELCO 2% WLS COMPLETED 2200 LB 2 3/4" MESH SB.  
- DRILL CTRF @ 5240' C/O TO 5170'  
Y - DRILL CTRF @ 5290' C/O TO 5150'  
Z - RUN PRODUCTION EQUIPMENT  
PLACE ON PRODUCTION - LOGGING COMPLETED JUSTIS BLINDESKY,  
JUSTIS TUBS DETAKARD PRODUCER (SEE NO. DHC-299)  
NOT A DHC APPROVAL - SJS

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

SIGNED K. P. Johnson

TITLE AREA SUPERINTENDENT

DATE OCT 5 1987

(This space for Federal or State office use)

APPROVED BY K. P. Johnson

TITLE AREA SUPERINTENDENT

DATE 10/23/87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

07102104

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HOBB'S OFFICE  
OCT 14 1987  
OCCD