

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-
14218

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CC FRISTOE B FEB. ACT-2

9. WELL NO.

11

10. FIELD AND POOL, OR WILDCAT

LANGLIE MATRIX SEVEN RIVERS QUEEN GRAY

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC. 35 T24S R37E

12. COUNTY OR PARISH 13. STATE

LEA

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TEXACO INC.

3. ADDRESS OF OPERATOR

P.O. Box 728 HOBBS NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' FNL, 1980' FWL

UL F, SEC. 35 T24S R37E

14. PERMIT NO.

REGULAR

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3183' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) ABANDON LANGLIE MATRIX ZONE

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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 IS A DUAL SLIMHOLE W/ 2 STRINGS 2 7/8" CASING

1 STRING - SI LMTRO 2 STRING - PE JUSTIS BLTNEBRY

- SET CIBP AT 3100' IN #1 STRING (TOP LMTRO @ 3123')

CAP. CIBP W/ 35' CMT W/ DUMP BAILER

- TEST 2 7/8" CSG TO 500 PSI

- RECLASSIFY LANGLIE MATRIX SEVEN RIVERS QUEEN ZONE
FROM SI TO ABANDONED

PRODUCE FROM THE JUSTIS BLTNEBRY ZONE

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

SIGNED

Al Johnson

TITLE

AREA SUPERINTENDENT

DATE

MAY 18 1988

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

5-26-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

MAY 27 1988

OCD
HUBBS OFFICE