

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions re-
verse side)

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 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. NM-14218	
2. NAME OF OPERATOR TEXACO INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. BOX 728, HOBBS, N.M. 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 B, 660 feet from the North Line and 2410 feet from the East line.		8. FARM OR LEASE NAME C.C. FRISTOE "B" FED NCT-2	
14. PERMIT NO. 30-025-23466		9. WELL NO. 14	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3183' DF		10. FIELD AND POOL, OR WILDCAT Justis Blinebry	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35,24S,37-E	
		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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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. MIRU pulling unit, pull rods and pump, install BOP.
2. Tag fill strap out of hole.
3. C/O below bottom perf @ 5681', if necessary, w/3-7/8" bit on 2-7/8" WS.
4. TIH w/4-1/2" treating pkr (ie MODR) on 2-7/8" WS, set pkr @ 5200', press. backside to 500 PSI.
5. Acidize perfs 5294-5681', 30 holes, w/2500 gal 15% NEFE acid using 100% excess ball sealers to divert. Flush to bottom perf, (Rate 324 BPM, 2600 PSI).
6. SI one hr, swab back load.
7. TOH w/pkr & w/s.
8. Perf for prod w/3-1/8" csg gun, 2-JSPI, 19 int. 28 holes: 5066', 68,73,92,96, 5104', 09,16,20,34,49,65,69,76, 5206', 16,25,39,62.
9. TIH w/4-1/2" trtg pkr and RBP on 2-7/8" w/s. Testing to 6000 PSI, set RBP @ 5280', test w/1000 PSI, cap w/sand, set pkr @ 5000', load backside w/500 PSI & monitor.
10. Acid perfs 5066'-5262', 28 holes, w/3000 gal 15% NEFE acid using 100% excess ball sealers to divert. Flsh to bottom perf. (Rate 324 BPM, 2600 PSI)
11. SI one hr, swab back load.
12. Frac perfs 5066-5262' w/31,500 gal of Versagel 1400* containing 48,000 lbs of 20/40 SD. Rate 25 BPM, 4300 PSI according to the following procedure:
 - a. 9500 gal pad
 - b. 6000 gal w/1 PPG 20/40 SD
 - c. 6000 gal w/2 PPG 20/40 SD

---CONTINUED ON ATTACHED SHEET---

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

SIGNED <u>J.W. Browning</u>	TITLE <u>Dist. Adm. Supervisor</u>	DATE <u>12/19/86</u>
(This space for Federal or State office use) Orig. Sgd. Linda S. C. Rendell		
APPROVED BY <u>Acting Area Manager</u>	TITLE _____	DATE <u>1-13-87</u>
CONDITIONS OF APPROVAL, IF ANY:		

* HOWCO trade name

*See Instructions on Reverse Side

RECEIVED
JAN 14 1987
OCD
HOBBS OFFICE