

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NM060-3160-4

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. LC-067968
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702	3a. AREA CODE & PHONE NO. (915) 688-4620	7. UNIT AGREEMENT NAME WEST DOLLARHIDE DRINKARD
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1700' FNL & 1300' FEL, UNIT LETTER H, SE/NE		8. FARM OR LEASE NAME
		9. WELL NO. 134
		10. FIELD AND POOL, OR WILDCAT DOLLARHIDE TUBB DRINKARD
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 30, T-24-S, R-38-E
14. PERMIT NO. API#: 30-025-32091	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3165', KB-3178'	12. COUNTY OR PARISH LEA
		13. STATE NM

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) SPUD & SURFACE CASING <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

1. TMBR/SHARP RIG #12 SPUD 11 HOLE @ 3:30 PM 09-26-93. DRILLED TO 1235'. TD @ 4:45 AM 09-27-93.
2. RAN 26 JOINTS OF 8 5/8, 24#, J-55 AND 3 JOINTS OF 24#, WC-50. STC CASING SET @ 1235'. RAN 9 CENTRALIZERS.
3. DOWELL CEMENTED WITH 500 SACKS CLASS C W/ 4% GEL, 2% CACL2 (13.5 PPG, 1.74 CF/S). F/B 200 SACKS CLASS C W/ 2% CACL2 (14.8 PPG, 1.32 CF/S). PLUG DOWN @ 10:30 AM 09-27-93. CIRCULATED 212 SACKS.
4. NU BOP & TESTED TO 1500#. TESTED CASING TO 1500# FOR 30 MINUTES FROM 10:00 PM TO 10:30 PM 09-27-93.
5. WOC TIME 11 1/2 HOURS FROM 10:30 AM TO 10:00 PM 09-27-93. REQUIREMENTS OF RULE 107, OPTION 2:
 1. VOLUME OF CEMENT SLURRY: LEAD 870 (CU.FT), TAIL 264 (CU.FT).
 2. APPROX. TEMPERATURE OF SLURRY WHEN MIXED: 50 F.
 3. EST. FORMATION TEMPERATURE IN ZONE OF INTEREST: 90 F.
 4. EST. CEMENT STRENGTH AT TIME OF CASING TEST: 1342 PSI.
 5. ACTUAL TIME CEMENT IN PLACE PRIOR TO TESTING: 11 1/2 HOURS.

6. DRILLING 7 7/8 INCH HOLE.

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

SIGNED C.P. Basham / SDH

TITLE DRILLING OPERATIONS MANAGER

DATE 10-04-93

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED FOR REG.
DATE 27 1993
SJS
CARLSBAD, NEW MEXICO



CEMENTING REPORT

File No.: _____

Report Date: 9/12/93Operator: Texas

Requested By: _____

Lease No: 60002 #134, #134Service Point: HNMLocation: LeeType of Job: Surf

Test Conditions:

Depth: 1200 ft., Temp Grad _____ BHST: 90 °F, BHCT: 85 °F

Properties:	Density (ppg)	Yield (cu ft/sk)	Mix Water (gal/sk)	Total Liquid (gal/sk)	Water Source	Cement Source
System No. 1	<u>13.5</u>	<u>1.74</u>	<u>9.11</u>	<u>9.11</u>	<u>Loc</u>	
System No. 2	<u>14.8</u>	<u>1.32</u>	<u>6.32</u>	<u>6.32</u>	<u>Loc</u>	
System No. 3						
System No. 4						

Cement System Compositions:

System No. 1 C+4% 020 + 2% S1System No. 2 C+2% S1

System No. 3 _____

System No. 4 _____

Thickening Time Results

Rheology Results

SYSTEM	HR:MIN	BC	300	200	100	60	30	6	3	PV or n'	Ty or k'	RHEOLOGY MODEL	I.O.D.
No. 1	<u>4:22</u>	<u>70</u>	<u>39</u>	<u>32</u>	<u>27</u>	<u>24</u>	<u>20</u>	<u>17</u>	<u>14</u>				
No. 2	<u>2:25</u>	<u>70</u>	<u>36</u>	<u>31</u>	<u>26</u>	<u>22</u>	<u>17</u>	<u>14</u>	<u>11</u>				
No. 3													
No. 4													

Compressive Strengths - psi

SYSTEM	TEMP.	6 HRS.	12 HRS.	24 HRS.
No. 1	<u>90 °F</u>	<u>539</u>	<u>740</u>	<u>1180</u>
No. 1	<u>°F</u>			
No. 2	<u>90 °F</u>	<u>700</u>	<u>1400</u>	<u>2300</u>
No. 2	<u>°F</u>			
No. 3	<u>°F</u>			
No. 3	<u>°F</u>			
No. 4	<u>°F</u>			
No. 4	<u>°F</u>			

FLUID LOSS

FREE WATER

SYSTEM	°F	psi	°F
	mL/30 min		ml
No. 1			
No. 2			
No. 3			
No. 4			

Remarks: Strengths From Previous
(DATA) Tail Strengths
Re Tested on 9/11/93:

Chemist: _____