

UNIT 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

5. LEASE DESIGNATION AND SERIAL NO.  
LC-032715

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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"/>		7. UNIT AGREEMENT NAME COOPER JAL UNIT
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702	3a. AREA CODE & PHONE NO. (915) 688-4620	9. WELL NO. 405
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1055' FSL & 1385' FWL, UNIT LETTER N.		10. FIELD AND POOL, OR WILDCAT LANGLIE MATTIX SR-QN
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 19, T-24-S, R-37-E
14. PERMIT NO. API #30-025-32269	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3279', KB-3289'	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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

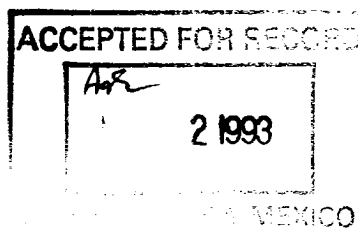
SUBSEQUENT REPORT OF:

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) PRODUCTION CASING	<input checked="" 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. DRILLED 7 7/8 HOLE TO 3750'. TD 10-27-93.
2. HLS RAN GR-DLL-MSFL, GR-SDL-DSN-CSNG, GR-FWS FROM 3750' TO 2700'. PULLED GR-DSN TO SURFACE.
3. RAN 89 JTS OF 5 1/2, 15.5#, WC-50 LTC CASING SET @ 3750'. RAN 10 CENTRALIZERS.
4. DOWELL CEMENTED WITH 575 SACKS 35/65 POZ CLASS H w/ 6% GEL, 5% SALT, 1/4# FLOCELE @ 12.8ppg. F/B 350 SACKS CLASS H w/ 2% CACL2 @ 15.6ppg. PLUG DOWN @ 3:15 PM 10-28-93. CIRCULATED 99 SACKS.
5. ND. RELEASE RIG @ 6:00 PM 10-28-93.
6. PREP TO COMPLETE.



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

SIGNED C. P. Basham / CWH

TITLE DRILLING OPERATIONS MANAGER

DATE 10-29-93

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side