

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"/>		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		9. WELL NO. 405	
3a. AREA CODE & PHONE NO. (915) 688-4620		10. FIELD AND POOL, OR WILDCAT LANGLIE MATTIX SR-QN	
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.		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"/>	

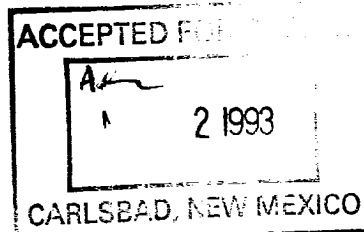
SUBSEQUENT REPORT OF:

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) SPUD & SURFACE 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. ROD RIC RIG #3 SPUD 12 1/4 HOLE @ 8:15 PM 10-22-93. DRILLED TO 1140'. TD @ 1:15 PM 10-23-93.
2. RAN 26 JTS OF 8 5/8, 24#, WC-50, STC CASING SET @ 1140'. RAN 9 CENTRALIZERS.
3. DOWELL CEMENTED WITH 400 SACKS CLASS C w/ 4% GEL, 2% CACL2 @ 13.5PPG, F/B 200 SACKS CLASS C w/ 2% CACL2 @ 14.8PPG. PLUG DOWN @ 6:30 PM 10-23-93. CIRCULATED 10 SACKS.
4. NU BOP AND TESTED TO 1500#.
5. TESTED CASING TO 1500# FOR 30 MINUTES FROM 2:30 AM TO 3:00 AM 10-24-93.
6. WOC TIME 8 HOURS FROM 6:30 PM 10-23-93 TO 2:30 AM 10-24-93.
7. DRILLING 7 7/8 HOLE.



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

SIGNED C.P. Basham / cwt TITLE DRILLING OPERATIONS MANAGER DATE 10-25-93

(This space for Federal or State office use)

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

*See Instructions on Reverse Side