Form 3160-5 (June 1990)

## **UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT**

N.M. Oil C 🗦 P.O. Etc. 1980 Hobbs. NM 88241 Budget Bureau No. 1004-0135

FORM APPROVED

Expires: March 31, 1993

Alottee or Tribe Name

and Serial No. NM 14218

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT --" for such proposals

A 9:35 BUREAU OF LAND, MEMT 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE OIL ⊠ WELL 1. Type of Well: FRESTEE B' FEDERAL NCT-2 WELL OTHER 2. Name of Operator 21 TEXACO EXPLORATION & PRODUCTION INC. 3. Address and Telephone No. 9. API Well No. P.O. Box 2100, Denver Colorado 80201 (303)793-4851 30-025-34010 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 10. Field and Pool, Exploratory Area JUSTIS BLINEBRY / JUSTIS TUBB DRINKARD **Unit Letter** 330 Feet From The NORTH Line and 1650 Feet From The 11. County or Parish, State 35 Township 24-S Range 37-E **EAST** Line LEA . NM 12 Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data TYPE OF ACTION TYPE OF SUBMISSION Change of Plans Abandonment Recompletion **New Construction** Notice of Intent Plugging Back Non-Routine Fracturing Subsequent Report Casing Repair Water Shut-Off Altering Casing Conversion to Injection Final Abandonment Notice OTHER: SPUD, SURF, PRODICSG. Dispose Water (Note: Report results of multiple completion on Well 13. 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.)\* NABORS RIG #403 SPUD 11 INCH HOLE @ 7:00 PM 07-06-97. DRILLED TO 938'. TD @ 5:15 AM CST 07-07-97. 1. RAN 34 JOINTS OF 8 5/8 INCH, 24#, WC-50, STC CASING SET @ 1476'. RAN 10 CENTRALIZERS. 2. DOWELL CEMENTED WITH 325 SACKS CLASS C W/ 4% GEL, 2% CACL2 (13.5 PPG, 1.74 CF/S). F/B 200 SACKS CLASS C 3 W/ 2% CACL2 (14.8 PPG, 1.34 CF/S), PLUG DOWN @ 11:45 AM 07-07-97, CIRCULATED 150 SACKS. NU BOP & TESTED TO 1500#. TESTED CASING TO 1500# FOR 30 MINUTES FROM 10:15 PM TO 10:45 PM 07-07-97. WOC TIME 10-1/2 HOURS FROM 11:45 AM 07-07-97 TO 10:15 PM 07-07-97. 6. DRILLING 7 7/8 INCH HOLE. DRILLED 7 7/8 INCH HOLE TO 6458'. TD @ 3:15 PM 07-15-97. MIRU SCHLUMBERGER AND LOG. LOGGERS TO @ 6460'. 8 RAN 49 JOINTS OF 4 1/2 INCH, 11.6#, L-80 AND 103 JOINTS OF4 1/2 INCH, 11.6#,K-55, LTC CASING SET @ 6458' DOWELL CEMENTED: - 700 SACKS 35/65 POZ CLASS H W/ 6% GEL, 5% SALT, 1/4# FLOCELE (12.8 PPG, 1.94 CF/S). F/B 700 SACKS 50/50 POZ CLASS H W/ 6% GEL, 5% SALT, 1/4# FLOCELE (14.2 PPG, 1.35 CF/S). PLUG DOWN @ 1:30 PM 07-16-97. ND. RELEASE RIG @ 5:30 PM 07-16-97. 12. PREP TO COMPLETE.

| A       | CCEPTED FOR RECORD<br>IG. SGD.) DAVID K. G |   |
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| OR      | IG. SGD.) DAVID A.                         | T |
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|-------------------------------------------------------------------------------|-------------------------------------------------|-----------------|----------------------------------------------------------|--|
| 14 I hereby certify that the foregoing is true and correct SIGNATURE C. P. B. | SRH TITLE                                       | Eng. Assistant. | DATE 7/18/9                                              |  |
| TYPE OR PRINT NAME                                                            | Sheilla D. Reed-High                            |                 |                                                          |  |
| (This space for Federal or State office use)                                  |                                                 |                 |                                                          |  |
| APPROVED                                                                      |                                                 |                 |                                                          |  |
| CONDITIONS OF APPROVAL, IF ANY:                                               |                                                 | TITLE           | DATE                                                     |  |
|                                                                               | e for any person knowingly and willfully to mai |                 | States any false, fictitious or fraudulent statements or |  |