NM OIL CONS COMMISSION awer DD

Artesia, NM 88210

Form 3160-5

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES

FORM APPROVED

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 SUBMIT IN TRIPLICATE 1. Type of Welt:	(30116 1330)	PARTMENT OF THE INTERIOR REAU OF LAND MANAGEMENT	Budget Bureau No. 1004-0135 Expires: March 31, 1993
SUBMIT IN TRIPLICATE 1. Type of Welt:	Do not use this form for	proposals to drill or to deepen or reentry to a different reservoir.	5. Lease Designation and Serial No. LC-029420 B
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC _ C _ D. 3. Address and Telephone No P.O. BOX 730, HOBBS, NM 88240 4. Location of Well (Footage, Sec., T. R. M., or Survey Description) Unit Letter _ H : _ 2080		SUBMIT IN TRIPLICATE	7. If Unit or CA, Agreement Designation
TEXACO EXPLORATION & PRODUCTION INC. D. 30 Address and Telephone No. P.O. BOX 730, HOBBS, NM 88240 ARTESIA, OFFIGET-0431 9. APT Well No. 30 015 05341 10. Field and Pool, Exploratory Area GRAYBURG JACKSON 78VS AN 08 SA 11. County or Parish, State EDDY, NEW MEXICO 12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF ACTION PROGRESSION TYPE OF ACTION	1. Type of Well: GAS OTHER INJECTION SEP 30.'94		1
4. Location of Well (Footage, Sec., T. R. M., or Survey Description) Unit Letter H : 2080 Feet From The NORTH Line and 710 Feet From The GRAYBURG JACKSON 78VS ON 68 SA FAST Line Section 21 Township 17S Range 31E 11, Country or Parish, State EDDY , NEW MEXICO 12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data TYPE OF SUBMISSION TYPE OF ACTION Abandonment Report Recompletin Report Casing Report Attended Recompletin Non-Routine Fracturing Water Shut-Off Conversion to bijection on two work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF ACTION Abandonment Report Casing Report Recompletion on two work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) T/15/94 TEST CASING TO 300 PSI (COPY OF PRESSURE CHART ON REVERSE SIDE, ORIGINAL TO NMOCD). PERFORMED/WITNESSED BY JOHN PAWELEK OF ROWLAND TRUCKING AS PER CONVERSATION WITH RAY SMITH. Lineary centry that true depths are all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If Yellow the control of the con	2. Name of Operator TEXACO	D EXPLORATION & PRODUCTION INCO.	66
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter	3. Address and Telephone No. P.O. BC	OX 730, HOBBS, NM 88240 ARTESIA, OFFIGET-0431	
EAST Une Section 21 Township 17S Range 31E EDDY NEW MEXICO 12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data TYPE OF SUBMISSION TYPE OF ACTION Abandonment Change of Plans	·		10. Field and Pool, Exploaratory Area
TYPE OF SUBMISSION TYPE OF ACTION Abandonment Abandonment Recompletion New Construction New Construction New Construction Avairable Consecution Total Subscription Abandonment Recompletion Abandonment Recompletion Abandonment Recompletion Abandonment Abandonment Recompletion Abandonment Abando	EAST Line Section 21	Township 17S Range 31E	
Abandonment Change of Plans	12. Check App	propriate Box(s) To Indicate Nature of Notice, R	eport, or Other Data
Notice of Intent	TYPE OF SUBMISSION	Т	YPE OF ACTION
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.) 7/15/94 TEST CASING TO 300 PSI (COPY OF PRESSURE CHART ON REVERSE SIDE, ORIGINAL TO NMOCD). PERFORMED/WITNESSED BY JOHN PAWELEK OF ROWLAND TRUCKING AS PER CONVERSATION WITH RAY SMITH. 14. I hereby centify that the frequency for the 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.) 15. Test CASING TO 300 PSI (COPY OF PRESSURE CHART ON REVERSE SIDE, ORIGINAL TO NMOCD). PERFORMED/WITNESSED BY JOHN PAWELEK OF ROWLAND TRUCKING AS PER CONVERSATION WITH RAY SMITH. 16. I hereby centify that the frequency for the starting and proposed and true vertical depths for all markers and zones pertinent to this work.) 16. I hereby centify that the frequency for the starting and proposed and true vertical depths for all markers and zones pertinent to this work.) 17. I sold the starting date of the starting and proposed and true vertical depths for all markers and zones pertinent to this work.) 17. I sold the starting date of the starting date of the starting and zones pertinent to this work.) 18. I sold the starting date of the s	Subsequent Report	Recompletion Plugging Back Casing Flepair Attering Casing	Non-Routine Fracturing Water Shut-Off Conversion to Injection TEST Dispose Water (Note: Report results of multiple completion on Well
Tal. I hereby certify that the propoling is true of freeze. SIGNATURE TYPE OR PRINT NAME Darriell J. Carriger This space for Federal or State office use)	work. If well is directionally drilled, 7/15/94 TEST CASING TO 300 PSI (COPY)	give subsurface locations and measured and true vertical depths for a	all markers and zones pertinent to this work,)*.
SIGNATURE TITLE Engineering Assistant DATE 8/29/94 TYPE OR PRINT NAME Darrell J. Carriger (This space for Federal or State office use)			:
SIGNATURE TITLE Engineering Assistant DATE 8/29/94 TYPE OR PRINT NAME Darrell J. Carriger (This space for Federal or State office use)		J.ā	fara
SIGNATURE TITLE Engineering Assistant DATE 8/29/94 TYPE OR PRINT NAME DAMFEII J. Carriger (This space for Federal or Scare office use)			
(This space for Federal or State office use)	SIGNATURE		DATE 8/29/94
	(This space for Federal or State office use)		DATE

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

