

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31 1985

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		5. LEASE DESIGNATION AND SERIAL NO. <b>SF 079601</b>
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <b>TEXACO EXPLORATION AND PRODUCTION INC.</b>		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR <b>P. O. Box 3109, Midland, Texas 79702</b>		8. FARM OR LEASE NAME <b>LYDIA RENTZ</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1850' FSL &amp; 990' FEL, UNIT LETTER I, NE/SE</b>		9. WELL NO. <b>9A</b>
14. PERMIT NO. <b>API #30 039 25351</b>		10. FIELD AND POOL, OR WILDCAT *
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>GR-7325'</b>		11. SEC., T., R., OR BLK. AND SURVEY OR AREA <b>SEC.20, T-25-N, R-3-W</b>
12. COUNTY OR PARISH <b>RIO ARRIBA</b>		13. STATE <b>NM</b>

16. 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) _____	
(Other) <b>EXTEND DRILLING PERMIT</b> <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.)\*

\*FIELDS: BLANCO, MESA VERDE AND WEST LINDRITH, GALLUP-DAKOTA.

DUE TO DRILLING PRIORITY, THIS WELL WILL NOT BE SPUDDED BEFORE THE AUGUST 27, 1994 EXPIRATION DATE. PLEASE EXTEND THIS DRILLING PERMIT FOR AN ADDITIONAL YEAR.

RECEIVED  
AUG 12 1994  
OIL CON. DIV.  
DIST. 3

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

SIGNED S.P. Basham/cwtt TITLE DRILLING OPERATIONS MANAGER DATE 08-02-94

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. SIZLER Acting Chief, Lands and Mineral Resources DATE AUG 11 1994

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side