

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYCOPY TO
SUBMIT IN TRIPlicate*
(Other instruction: re-
verse side)Form 9-331 and
Budget Bulletin No. 42-R1-04

5. LEASE DESIGNATION AND SERIAL NO.

063586

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

None

7. UNIT AGREEMENT NAME

None

8. FARM OR LEASE NAME

Bowman Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Lusk, South

11. SEC. T., B., R., OR BLK. AND
SURVEY OR AREA

29 - T-19S - R-32E

12. COUNTY OR PARISH

Lea

13. STATE

N. M.

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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
TEXACO Inc.

3. ADDRESS OF OPERATOR
P. O. Box 728 - Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Section 29, T-19-S, R-32-E, Lea County, New Mexico
2324' from the West Line, and 330' from the South Line.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3541'

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

Temporary Shut In ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

REPAIRING WELL

☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

TOTAL DEPTH - 2720'

Subject well has been temporary - shut in, subject to possible workover, after a complete study has been made.

A well head valve has been installed until such time as workover will be made.

Whenever workover details are available the USGS Office will be notified by Sundry notices and reports on well.

APPROVED

NOV 7 1963

E. G. HUBBLE
ACTING DISTRICT ENGINEER

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

SIGNED

H. D. Raymond

TITLE Assistant District Supt.

DATE November 6, 1963

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator TEXACO Inc. Lease Bonham-Federal

Well No. 1 Unit Letter N S 29 T 198 R 32E Pool South Link

County Lea Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit N S 29 T 198 R 32E

Authorized Transporter of Oil or Condensate McWood Corporation

Address W. J. Tower Building, Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None

Address _____ Date Connected _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Gas being vented - Volume too small to measure.

Reasons for Filing: (Please check proper box) New Well ☐ ()

Change in Transporter of (Check One): Oil ☐ Dry Gas ☐ C'head ☐ Condensate ☐

Change in Ownership ☐ () Other Name Change ☒ ()

Remarks: _____
(Give explanation below)

Change of Corporate name from The Texas Company
to TEXACO Inc. effective May 1, 1959

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 30th day of April 19 59

By [Signature]

Approved _____ 19 _____

Title District Accountant

OIL CONSERVATION COMMISSION

Company The Texas Company

By [Signature]

Address P.O. Box 352- Midland, Texas

Title _____