

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL AND GAS COMMISSION
SUBMIT IN TRIPLE
(Other instructions
verse side)
HOBBS, NEW MEXICO 88240

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

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"/> | | 5. LEASE DESIGNATION AND SERIAL NO. LC034075 |
| 2. NAME OF OPERATOR Texaco Inc. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, NM 88240 | | 7. DEED AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FEL C Unit Letter "J" | | 8. NAME OF LEASE NAME C. J. Saunders |
| 14. PERMIT NO. --- | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3706' DF | 9. WELL NO. 3 |
| | | 10. FIELD AND POOL, OR WILDCAT Panice Monument Crayburg San Andres |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec 18, 19S, 37E |
| | | 12. COUNTY OR PARISH Lea |
| | | 13. STATE NM |

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 PLANE <input type="checkbox"/> | (Other) <u>Casing Connections</u> <input checked="" type="checkbox"/> | |
| (Other) <input 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.*

Riser on 13" OD and 9 5/8" OD casing brought to surface.
 Riser on 9 5/8" OD and 7" OD casing brought to surface.
 Riser on 7" OD and 4 1/4" OD casing brought to surface.

Inspected by Jack Griffin on 06/18/86

RECEIVED

JUL 24 1986

HOBBS, NEW MEXICO

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

SIGNED [Signature] TITLE District Admin. Supervisor DATE 07/09/86

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

JUL 29 1986

*See Instructions on Reverse Side

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