

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

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. NM-14218
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. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 700' FNL, 330' FEL, Sec 35, T-24, R-37-E, Unit Letter A		8. FARM OR LEASE NAME C.C. Fristoe B Fed. Nct-2
14. PERMIT NO. --	15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3174.6DF	9. WELL NO. 7
		10. FIELD AND POOL, OR WILDCAT Justis Blinebry Justis Tubb Drinkard
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 35, T24S, R37E
		12. COUNTY OR PARISH Lea
		13. STATE N.M.

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 PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Shut In <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.)*

Remarks

- Well Status - Shut in.
- Temporary Abandonment Date - February 1, 1987.
- Reason for Abandonment - Uneconomical to Produce.
- Future Plans - Held for remedial work.
- Date of Future Workover or Plugging - 1st Quarter 1988.



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

SIGNED [Signature] TITLE Dist. Operations Manager DATE 3-3-87

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature] DATE 4-7-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side