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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG SALES TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator Texaco Inc.	8. Farm or Lease Name Amerada State
3. Address of Operator P. O. Box 728, Hobbs, NM 88240	9. Well No. 1
4. Location of well: UNIT LETTER <u>L</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>2</u> TOWNSHIP <u>14S</u> RANGE <u>33E</u> NMPM.	10. Field and Pool, or Wildcat Saunders Permo Upper Penn
15. Elevation (Show whether OF, RT, GR, etc.) 4200' GR	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 1) Pull BP @ 9845'.
- 2) Pump test perfs 9850' to 9902' and 9766' to 9822½'.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED J. W. Browning TITLE District Admin. Supervisor DATE 03/21/86

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 2 - 1986

CONDITIONS OF APPROVAL, IF ANY: