N.M.O.C.D. COPY

UNITED STATES

	Form Approved. Budget Bureau No. 42-R1424			
	5. LEASE SRLG Unit Fed. LC057798			
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
	7. UNIT AGREEMENT NAME Same			
8. FARM OR LEASE NAME Same SRLG Unit				
-	9. WELL NO. 18			
-	10. FIELD OR WILDCAT NAME Red Lake Grayburg			
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-17-S, R-27-E.			
	12. COUNTY OR PARISH 13. STATE Eddy New Mexico			
	14. API NO. NA			
15. ELEVATIONS (SHOW DF, KDB, AND W 3,636' GL.				
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	(NOTE: Report results of multiple completion or zone change on Form 9–330.)			

DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY** 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 Form 9-331-C for such proposals.) 1. oil gas well well other Injection 2. NAME OF OPERATOR L. Texas Enterprises, Inc. 🗸 3. ADDRESS OF OPERATOR Suite 1601, 1 Houston Ctr., Houston, Tx. 77002 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Unit J: 2304' FSL & 2310' FEL Sec. 35 AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Change of Ownership 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.)* Juange of Charles from " & D Ctl Co. to L. Texas Interestions. Inc. (Leases)

Affective August 1, 1980

RECEIVED

SEP 24 1980

O. C. D. ARTESIA OFFICE

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Subsurface Safety	y Valve: Manu. and Type	Set @ Ft.
18. I hereby certi	fy that the foregoing is true and correct	
SIGNED John	TITLE Agent	DATE 8/15/80
	(This space for Federal or State of	ffice use)
APPROVED BYCONDITIONS OF AF	PROVAL, IF ANY: Nexter	DATE
	SEP OF MARIA	
	U.S. G. CHARLES AL SUNEY See Instructions on Reverse	Side