Use "APPLICATION FOR PERMIT" for such proposals SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Designation 1. Type of Well: OIL GAS Well 8. Well Name and Number 1. Type of Well: OIL GAS OTHER INJECTOR 8. Well Name and Number 2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC. 6 3. Address and Telephone No. P.O. BOX 730, HOBBS, NM 88240 397-0426 9. API Well No. 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) IO. Field and Pool, Exploaratory Area GRAYBURG JACKSON 7RVS QN GB SA Unit Letter J 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 26 Township 17S Range 31E	Form 3160-5 UNITED STATES (June 1990) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals		FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. LC-029418 B
Submit IN TRIFLICATE OAG OAG OAG OAG OTHER INJECTOR Arms of Operator TEXACO EXPLORATION & PRODUCTION INC. Address and Telephone No. P.O. BOX 720. HOEBS, NM 88240 Address and Telephone No. P.O. BOX 720. HOEBS, NM 88240 Address and Telephone No. P.O. BOX 720. HOEBS, NM 88240 Address and Telephone No. P.O. BOX 720. HOEBS, NM 88240 Address and Telephone No. P.O. BOX 720. HOEBS, NM 88240 Address and Telephone No. P.O. BOX 720. HOEBS, NM 88240 Address and Telephone No. P.O. BOX 720. HOEBS, NM 88240 Address and Telephone No. P.O. BOX 720. HOEBS, NM 88240 Address and Telephone No. P.O. BOX 720. HOEBS, NM 88240 Address and Telephone No. P.O. BOX 720. HOEBS, NM 88240 Address and Telephone No. P.O. BOX 720. HOEBS, NM 88240 Address and Telephone No. P.O. BOX 720. HOEBS, NM 88240 Address and Telephone No. P.O. BOX 720. HOEBS, NM 88240 Address and Telephone No. P.O. BOX 720. HOEBS, NM 88240 Type OF SUBMISSION Type OF Action Notice Telephone No. P.O. BOX 720. HOEBS, NM 88240 Depose Very NEW MEXICO Depose Very NEW ME			6. If Indian, Alottee or Tribe Name
	SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
TEXAGO EXPLORATION & PRODUCTION INC. 9 APPROL_PRODUCTION INC. 9 3. Address and Telephone No. P.O. BOX 730, HOBBS, NM 88240 \$97.4426 9 APW Well No. 30.015.05416 4. Location of Well (Footage, Sec. T., B. M., or Survey Description) 10. Field and PeoL Exploratory Area STATUME JACCE EXPLORATION & PRODUCTION INC. 9 APW Well No. 30.015.05416 EAST Line Section <u>28</u> Township <u>175</u> Range _31E 10. Field and PeoL Exploratory Area STATUME JACE EXPLORATIONS ON 08 GA 12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data TYPE OF SUBMISSION TYPE OF ACTION TYPE OF SUBMISSION Abendromment Becompletion Becompletion Becompletion Notice of Intent Prugging Back Mon-Routine Fracturing Warer Statu-Off Subsequent Report Casing Repair Mon-Routine Fracturing Warer Statu-Off 13. Describe Proposed or Completed Operations (Clearly state all partient datals, and give perform test admates and answare and conse performed to the Water Statu-Off Mon-Routine to this discute off 14. Lubeic Lingcion well as a packer depth set 03384' With the equipment in the hole (buil isolated by a packe/), the tablingcionis gamulus was pressure state to to NA Off pale trucking of the subject well is intact, Texaco Exploration and Production respecifully requests <td colspan="2">1. Type of Well: OIL GAS OTHER INJECTOR</td> <td></td>	1. Type of Well: OIL GAS OTHER INJECTOR		
P.O. BOX 730, HOBSS, NM B2240 3974420 30 015 05416 4. Location of Well Floatage, Sec. T., R. M., or Survey Description) 10. Field and PeoL, Exploratory Area Mult Letter	2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.		6
Unit Letter j 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 26 Township 175 Range 31E 11. County or Patch, State EAST Line Section 26 Township 175 Range 31E 11. County or Patch, State EAST Line Section 26 Township 175 Range 31E 11. County or Patch, State EAST Line Section 26 Township 175 Range 31E 11. County or Patch, State EAST Line Section Abandonment TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF SUBMISSION New Cosstruction Image: Subsequent Report Abandonment Recompletion New Cosstruction New Cosstruction New Cosstruction 13. Describe Proposed or Completed Operations (Cashy state all particiner digits proposed state and tracks completion or Meeting digits resource and tracks completion or Meeting and tracks completion or Meeting and tracks completion or Meeting digits resource and tracks completion or Meeting digits resou	3. Address and Telephone No. P.O. BOX 730, HOBBS, NM 88240 397-0426		
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TYPE OF SUBMISSION TYPE OF ACTION Image: State and the state of the subscription of th	12. Check Appropriate	Box(s) To Indicate Nature of Notice. Re	eport. or Other Data
Image: Subsequent Report Image: Subseque			
work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*. The subject injection well has a packer depth set of 3384 With the equipment in the hole (but isolated by a packer), the tubing/casing annulus was pressure tested to 540 psi for approximately 30 minutes. The test was administered by Pate Trucking 11/25/94, and witnessed by Robert English (of Pate Trucking). A copy of the original pressure chart can be found on the reverse side of this notice. The original was sent to the NMOCD along with a copy of this sundry notice. Given that the integrity of the casing of the subject well is intact, Texaco Exploration and Production respectfully requests temporary abandonment status. The Lea C and the Lea D leases will be sold to a different operator effective January 1, 1995. The twelw sentiry that the torghouse true for the distribution of the distribution of the true for the distribution of the distribution of the distribution of the distribution operator effective January 1, 1995. The twelw sentiry that the torghouse true for the distribution of the distribution operator effective January 1, 1995. The Lineady sentiry that the torghouse true for the distribution operator effective January 1, 1995. The Lineady sentiry that the torghouse true for the distribution operator effective January 1, 1220/94. Type OR PRINT NAME Datrell J. Carriger The space for federal or State effica well APPROVED BY TITLE	Subsequent Report	Recompletion Recompletion Plugging Back Casing Repair Altering Casing	New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection US Dispose Water (Note: Report results of multiple completion on Well
14. I hereby certify that the torpconde tout of the most set of the top conde tout of the most set of the top certify that the top conde tout of the most set of the top certify that the top certify the top certify that the top certify the top certify the top certify that the top certify	work. If well is directionally drilled, give subsur The subject injection well has a packer depth set the tubing/casing annulus was pressure tested to and witnessed by Robert English (of Pate Trucki sent to the NMOCD along with a copy of this sun Given that the integrity of the casing of the subject	face locations and measured and true vertical depths for al of 3384' With the equipment in the hole (but isolated by a 540 psi for approximately 30 minutes. The test was adm ng). A copy of the original pressure chart can be found of dry notice.	Il markers and zones pertinent to this work,)*. a packer), ninistered by Pate Trucking 11/25/94, n the reverse side of this notice. The original was ctfully requests
SIGNATURE DATE 12/20/94 TYPE OR PRINT NAME Darrell J. Carriger (This space for Federal or State office use) APPROVED BY			Ville 200 Back
APPROVED BYDATEDATE	SIGNATURE		DATE12/20/94
	APPROVED BY	TITLE	DATE

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