

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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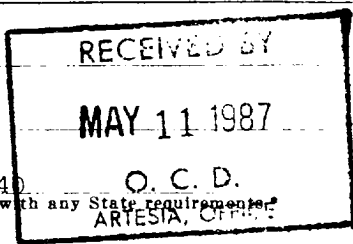
Form approved
Budget Bureau No. 1004-1
Expires August 31, 1985

clsf

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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Texaco Producing Inc. ✓
3. ADDRESS OF OPERATOR
P. O. Box 728, Hobbs, New Mexico 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface



5. LEASE DESIGNATION AND SERIAL
NM-18959
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Dagger Draw
9. WELL NO.
1
10. FIELD AND POOL OR WILDCAT
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Unit Letter O, 660 FSL, 1980 FEL, Sec. 32, T19S, R25E

14. PERMIT NO
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Change in Operator & Well Name ☒	

(Other) _____
(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.) *

Well Name Change from Albert Federal #1 to Dagger Draw #1.

Operator Change from BHP Petroleum Co., Inc. 1300 One First City Center, Midland, Tx 7970 to Texaco Producing Inc., P. O. Box 728, Hobbs, New Mexico 88240

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

SIGNED J. A. Head TITLE Hobbs Area Superintendent DATE 397-3571 April 28, 1987

(This space for Federal or State office use)

APPROVED BY Orig. Sgd. Linda S. C. Rondell TITLE _____ DATE 5-5-87

CONDITIONS OF APPROVAL ALL INFORMATION

*See Instructions on Reverse Side