

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN FR  
(Other "Instruct"  
verse side)

LOCATE  
OR RE

Budget Period N 1984-  
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

NM-18959

IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Salt Water Disposal (Inactive)

2. NAME OF OPERATOR

Texaco Producing Inc.

3. ADDRESS OF OPERATOR

PO 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

Unit Letter O, 660 FSL & 1980 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3503' GL 3518' KB

O. C. D.  
ARTESIA OFFICE

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) Hold for SWD

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Fully 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.)\*

Texaco Producing Inc. requests permission for the above named well to remain inactive until the results of recommended remedial work on the State K6096A are obtained. These results will determine whether the subject well is needed by Texaco for salt water disposal and should be obtained prior to December 31, 1988.

APPROVED FOR 12 MONTH PERIOD

ENDING 2/1/89

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

397-3571

SIGNED

TITLE Hobbs Area Superintendent

DATE 12/31/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 2-2-88

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side