Form 3160-5	UNI	FOR INFO	RMATION ONLY Budget Bureau No. 1004-0135	
(December 1989)		T OF THE INTERIOR	Expires: Sentember 30, 1990	
	BUREAU OF I	AND MANAGEMENT	5. Lease Designation and Serial No.	
SUNDRY NOTICES AND REPORTS ON-WELLS			. NM-56220 6. If Indian, Allostec or Tribe Name	
	SUNDRY NOTICES	I or to deepen or reentry to a different rese		
Do not use this	s form for proposals to un	{ PERMIT for such proposals		
		KECEIVED	7. If Unit or CA. Agroement Designation	
	SUBMIT	IN TRIPLICATE		
1. Type of Well		<u>JUL 1 / 1992</u>		
Oil Gas Well Other			8. Well Name and No. DD 24 Federal #1	
2. Name of Operator		LETESIA OFFICE		
Texaco	Exploration & Produ	9. API Well No.		
3. Address and Teleph	one No.		30-015-24496 10. Field and Pool, or Exploratory Area	
P.O. DOX 730, 10003, 111 00211 0101			Dagger Draw Upper Penn N	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			11. County or Parish, State	
Unit Letter F, 990' FSL & 660' FEL			The New Yordson	
Sec. 24, T-19-S, R-24-E			Eddy, New Mexico	
IZ. CHEC	K APPROPRIATE BOX	s) TO INDICATE NATURE OF NOTICE, I	REPORT, OR OTHER DATA	
<u> </u>	OF SUBMISSION	TYPE OF A		
		Abandonment	Change of Plans	
Notice of Intent			New Construction	
		Plugging Back	Non-Routine Fracturing	
		Casing Repair	Water Shut-Off	
🔲 Fir	al Abandonment Notice	Altering Casing	L Conversion to Injection	
		(Note: Repo	rt results of multiple completion on Well Completion or	
		Recompletion Il pertinent details, and give pertinent dates, including estimated date of deaths for all markers and zones pertinent to this work.)*	a Report and Log form.)	
give subsurfac	e locations and measured and true verti 6/4/92 - 6/11/9			
1.	MIRU. Perforate holes)	RU. Perforated 7" csg w/ 4 JSPF @ 7692'-7838'. (102 ft-408		
2.	Acidized perfs 7692'-7838' w/ 10000 gals 20% NEFE. Max P = 2000#, AIR = 13 BPM			
3.	3. Acid fraced all perfs 7692'-7838' w/ 25,000 gals 20% gelled NEFE. Max P = 2100#, AIR = 35 BPM. Returned well to prod.			
	OPT 7-10-92 191	BOPD, 92 BWPD, 359 MCF		
14. I hereby certify th	at the foregoing is true and correct		7 1/ 00	
Signed	(Sancer	Title Engr. Asst.	Date7-14-92	
	coderal or State office use)			
		Tide	Date	
Approved by Conditions of app	proval, if any:			
	1001	on knowingly and willfully to make to any department or agency o	I the United States any false, fictitious or fraudulent statement	
or representations as	to any matter within its jurisdiction.			