

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN FLUORESCENT INK
(Outline and write in ink)
DRAWER DD
Artesia, NM 88210

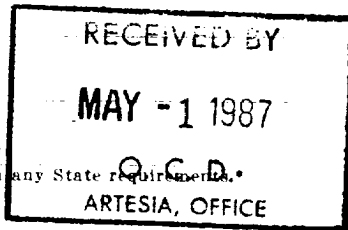
Budget Project No. 100-1
Expire Date 10/31/1988
DESIGNATION AND SERIAL

NM-58024
IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for a well to be drilled or to deepen or plug back to a different reservoir.
APPLICATION FOR PERMIT for such proposals.)

1. OIL, GAS, OR OTHER WELL ☒ OIL ☐ GAS ☐ 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 Unit Letter H, 1980' FNL, 660' FEL.	5. ELEVATIONS (Show whether DF, RT, GR, etc.) 3609.5' GL	6. UNIT AGREEMENT NAME	7. FARM OR LEASE NAME DD Federal 25	8. WELL NO. 1	9. FIELD AND POOL OR WILDCAT N. Dagger Draw Upper Penn	10. SEC. T. R. M. OR BLK. AND SURVEY OR AREA Section 25, T-19-S, R-24-E	11. COUNTY OR PARISH Eddy	12. STATE New Mexico
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18. 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 COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other) Drill	☒		

(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.)*

1. Spud 17 1/2" hole @ 12:00 Midnight 04/03/87.
2. Ran 12 jts. (434') 13 3/8", 48#, H-40, 8RS csg. & set @ 450'.
3. Cmt. w/400 sxs LW w/ 15# Gilsonite & 1/2# Flocele followed w/275 sxs. Class "H" 2% CaCl. Circ. 124 sxs. to surface.
4. Test csg. to 1000 psig from 11:00 PM to 11:30 PM, 04/05/87, OK.
Job complete @ 11:30 PM, 04/05/87.



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

SIGNED James A. Head
(This space for Federal or State office use)

TITLE Hobbs Area Superintendent

397-3571

DATE April 10, 1987

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

APR 20 1987

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO