

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

REGISTRATION COMMISSION
(Other Instructions on Form 3160-8)
DD Federal 25

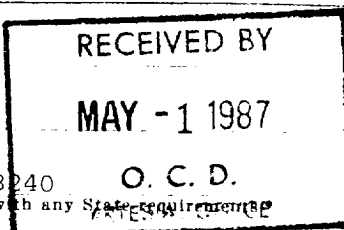
DD Form 3160-8
(November 1963)
(Formerly 0-11)
LEASE DESIGNATION AND SERIAL

ASF

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL ☒ GAS ☐ WELL ☒ 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-58024
6. IF INDIAN, ALLOTTEE OR TRIBE
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
DD Federal 25
9. WELL NO.
10. FIELD AND POOL OR WILDCAT
N. Dagger Draw Upper Penn
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 25, T-19-S, R-24-E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico

14. PERMIT NO.
15. ELEVATIONS (Show whether DE, RT, GR, etc.)
3609.5' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

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

(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.)

Spud 17 1/2" hole @ 12:00 Midnight, 04/03/87
Ran 12 jts. (434') 13 3/8", 48#, H-40, 8RS

1. Ran 29 jts. of 9 5/8", 36#, K-55, 8RL, set @ 1200'.



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

SIGNED James A. Head TITLE Hobbs Area Superintendent DATE 4/13/87
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side