

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CONS. MISSION
Draver DD
Artesia, NM 88210

NM-58024

SUNDRY NOTICES AND REPORTS ON WELLS

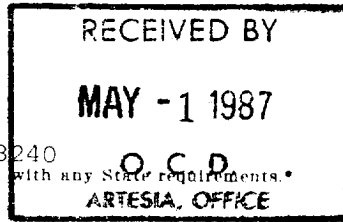
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use APPLICATION FOR PERMIT for such proposals.)

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. UNIT AGREEMENT NAME

6. FARM OR LEASE NAME
DD Federal 25

7. WELL NO.
1

8. FIELD AND POOL OR WILDCAT
N. Dagger Draw Upper Penn

9. SEC., T., R., M., OR BLS. AND SURVEY OR AREA
Section 25, T-19-S, R-24-E

10. COUNTY OR PARISH
Eddy

11. STATE
New Mexico

12. PERMIT NO.

13. ELEVATIONS (Show whether DE, RT, GR, etc.)
3609.5' GL

16. 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)	

SUBSEQUENT REPORT OF:

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

Drill

X

(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
Ran 29 jts. 9 5/8", 36#, K-55, 8RL

1. Test 9 5/8" csg. to 1000 psig from 9:00 PM to 9:30 PM, ok.
Test complete at 9:30 PM, 04/07/87.



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 04/14/87

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

APR 20 1987

CARLSBAD, NEW MEXICO