

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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(Other instructi  
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CATE  
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Budget Bureau No. 1004-0135  
Expires August 31, 1985

45F

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED	5. LEASE DESIGNATION AND SERIAL NO. TX-G-408793 NM-56220
2. NAME OF OPERATOR Texaco Producing Inc.	OCT -5 '89	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 730, Hobbs, NM 88240	O. C. D. ARTESIA, OFFICE	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1945 1980' FSL & 660' FEL		8. FARM OR LEASE NAME DD Federal 24
14. PERMIT NO. --	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3597' GL (14' KB)	9. WELL NO. 2
		10. FIELD AND POOL, OR WILDCAT Dagger Draw Upper Penn, North
		11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA Sec. 24, T-19-S, R-24-E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Intermediate Csg & Cmt <input checked="" type="checkbox"/>	

(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) Ran 27 jts 9-5/8" 36# J55 LT&C csg & set @ 1215'.
- 2) Cmt w/500 sx LW "H" w/10# Gilsonite, 1/2# flocele & tailed in w/350 sx Cl "H" w/2% CaCl<sub>2</sub>, 1/4# flocele. Cir 260 sx to pit.
- 3) Tested 9-5/8" csg to 1000 psi 11:00-11:30 A.M. 07-29-89. OK.

OCT 2 8 50 AM '89  
CARTER  
AREA

RECEIVED

Adam

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

SIGNED

*Ja Head*

TITLE

Area Manager

DATE

09/21/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side