

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instruction  
reverse side)

DATE  
re

Budget Bureau No. 1004-0135  
Expires August 31, 1985

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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. NM-58023
2. NAME OF OPERATOR Texaco Producing Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 730, Hobbs, NM 88240	OCT -5 '89	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 800' FNL & 600' FEL	ARTESIA, OFFICE	8. FARM OR LEASE NAME EE Federal 24
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3595' GL (14' KB)	9. WELL NO. 2
		10. FIELD AND POOL, OR WILDCAT Dagger Draw Upper Penn, North
		11. SEC., T., R., M., OR BLK. 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Surface Casing &amp; Cement</u> <input checked="" type="checkbox"/>	
(Other) <input 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) TD 17-1/2" hole @ 4:00 A.M. 08-19-89.
- 2) Ran 11 jts 13-3/8" 48# H-40 ST&C csg & set @ 452'.
- 3) Cmt w/400 sx LW "H" w/1/4# flocele, 10# gilsonite & tailed in w/295 sx C1 "H" w/2% CaCl<sub>2</sub>. Cir 25 sx to pit.
- 4) Tested 13-3/8" csg to 1000 psi from 8:30-9:00 P.M. 08-20-89. OK.

RECEIVED  
OCT 2 8 59 AM '89

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:

*Adm*

\*See Instructions on Reverse Side