SUNDRY NOTICES AND REPORTS ON WELLS 1De not up this form on NULL CAPPER CAPPER OF THE PERMITTENT OF SAME PROPERTY. WILL DESCRIPTION FOR PERMITTENT OF SAME PROPERTY. RECEIVED REAL ROOTS AND REAL ROOTS RECEIVED RECEIVED REAL ROOTS RECEIVED RECEIVED REAL ROOTS RECEIVED REAL ROOTS RECEIVED REAL ROOTS RECEIVED REAL ROOTS RECEIVED RECEIVER RECEIVED RECEIVED RECEIVER RECEIVED REAL ROOTS REAL ROOTS RECEIVED RECEIVER RECEIVED REAL ROOTS REAL ROOTS RECEIVE	orm 3160-5 lovember 1983) Ormerly 9-331) DEPAR	UNITED STATES	(Other Instance)	Budget Bureau No Empires August 3 5. LEASE DESIGNATION AN	1. 1985 C
RECEIVED SAME OF OPERATOR CONTRICT	SUNDRY N	OTICES AND REPORTS TO	ON WELLS	8. IF INDIAN, ALLOTTEE O	R TRIBE NAME
TEXACO Producing Inc. Part of Literature Name Part of Literature	OIL GAS			7. UNIT AGREEMENT NAME	<u> </u>
Texaco Producing Inc. P.O. Box 730, Hobbs, NM 88240 9. Wild NO. P.O. Box 730, Hobbs, NM 88240 10. Creating and is accordance with any State requigingting. See also space 11 below; I leaded to reacting and is accordance with any State requigingting. ARTESIA, OPHICE 10. Court of the product of the production of the product of the produc	NAME OF OPERATOR	:8	WECE!AED		
APPROVED BY APPRO	Texaco Producing I	nc.			
DOUGHOUS OF WELL Report location clearly and in accordance with any State requirements. ARTESIA, OPPICE BOO! FNL & 600' FEL FERMIT NO. 15. SLEVATIONS (Show whether or, Nr. CL. ed.) 3395'CL (14' KB) Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE of INTERVIOR TO: WATER SHUT-OFF PARTIES THAT MILLS THE COMPLETE SHOWT OR ASSESSMENT ANTONIC TO: TEST WATER SHUT-OFF PARTIES THAT MILLS THE COMPLETE SHOWT OR ACTOR TO INTERVIOR TO: WATER SHUT-OFF PARTIES THAT WELL CHANCE FLASS CHANCE FLASS (Other) TEST WATER SHUT-OFF PARTIES THAT MILLS THE COMPLETE SHOWT OR ACTOR THE THAT THAT SHOW THE CAMPLETE THAT THE SHOW OF ACTOR THE SHOW OR A	ADDRESS OF OPERATOR		00° 7- 100	9. WELL NO.	4
ARTESIA, OPHICE Bagger Draw Upper Penn, Noted 11. Sec. 24. Tel. 10. Sec. 24. Tel. 11. Sec. 24. Tel. 24. Tel. 24. Tel. 25. Sec. 24. Sec. 25. Sec. 25. Sec. 24. Sec. 25. Sec. 2	P.O. Box 730, Hobb	s, NM 88240	• •	2	
BOO' FNL & 680' FEL 18. ELEVATIONS (Show whether FP, FF, GR. etc.) 12. COUPT OF PARTIES 13. STATE 12. COUPT OF PARTIES 13. STATE 12. COUPT OF PARTIES 13. STATE 13. STATE 14. COUPT OF PARTIES 14. COUPT OF		on clearly and in accordance with any	State requifements.	10. FIELD AND POOL, OR V	VILDCAT
Sec. 24, T-19-S, R-24-E Secult Teledy of Ontone Secults Secults Secults Reduction of Ontone Secults Reduction	At surface		ARTESIA, OPFICE		
Sec. 24, T-19-5, R-24-E 15. RLEVATIONS (Show whether Dr. RT. OR. etc.) 3595 GL (14 KB) Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of intention to: **TREET WATER SHOT-OFF** **PACTURE TREAT** **SHOOT OR ACIDIZE** **ALANDON'S TREAT** **SHOOT OR ACIDIZE** **ALANDON'S TREAT** **INDOT OR ACIDIZE** **ALANDON'S TREAT** **INDOT OR ACIDIZE** **INDOT OR	800' FNL & 600' FE	T.	· -		. AND
TERMIT NO. 15. SLAVATIONS. (Show whether or, it, it, it, it, it, it, it, it, it, it		_		Sec. 24. T-19.	-S P-2/-F
Check Appropriate Box To Indicate Notice, Report, or Other Data NOTICE OF INTERVION TO: 1551 WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACTORES SHOOT OR ACTORES HEADTH SHOOT OF ACTORES HEADTH SHOOT OR ACTORES HEADTH SHOOT O	PERMIT NO.	15. ELEVATIONS (Show whether DF	RT, GR, etc.)		
NORTHE OF INTENTION TO: SUBBRQUANT REPORT OF: SUPERIOR SHIP OF INTENTION TO		3595'GL (14'	KB)	1	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: STATUTE SHOT-OFF PEACTURE TREATMENT ALTERISO CARING ASARDON-SERVING ASARDON-SER	Check	Appropriate Box To Indicate N	ature of Notice, Report of	or Other Data	
TEST WATER SHUT-OFF PRACTICE TREAT SHOT OR ACIDIEN REPAIR WELL CHANGE FLANS (Other) CHANGE FLANS (Other) NOTE: Report results of multiple completion on Well Short on aciding or courtests of completion on Well Complete the state of					
PRACTURE TREAT SHOOT OS ACIDIES ASARODA* SHOOTING OS ACIDIES ASARODA* SHOOTING OS ACIDIES ASARODA* SHOOTING OS ACIDIES ASARODA* Other) SUfface Casing & Coment X Combers Other Court of the	TEST WATER SHUT-OFF	PULL OF ALTER CASING			
SHOOTING OR ACIDIDE ABANDON* AREAD WILL CHANGE FLANS (Other) COTHER SURFACE Casing & Cement V COTHER SURFACE Casing & Cement V COTHER SURFACE Casing & Cement V (Other) SURFACE Casing &		!——			~
Interest well. (Other) Surface Casing & Cement IX (Other) Converted to multiple competion on Wall (Other) Converted to the multiple competion on Wall (Other) Converted to Multiple converted to the wall converted to the multiple competion on Wall (Other) Converted to Multiple converted to the wall converted to the multiple conver	SHOOT OR ACIDIZE	ABANDON*		1 !	[
This space for Federal or State office use) Date Date	REPAIR WELL	CHANGE PLANS	_		
hereby certify that the foregoing in true and correct IGNED Area Manager Title Date	(Other)		(NOTE: Report res	uits of multiple completion on	Well
I bereby certify that the foregoing is true and correct SIGNED JAHOA TITLE Area Manager (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL IN ANY.	3) Cmt w/400 sx I $w/2\%$ CaCl ₂ . C	W "H" $w/1/4\#$ flocele, 1 Fir 25 sx to pit.	O# gilsonite & tai		"H"
I hereby certify that the foregoing is true and correct SIGNED JA HOAD TITLE Area Manager (This space for Federal or State office use)	1, 100000 13 3,0	esg to 1000 psi from o	:30-9:00 F.M. 08-20	J-69. UK.	
thereby certify that the foregoing is true and correct SIGNED JA HOA TITLE Area Manager TITLE Area Manager DATE 09/21/89					
hereby certify that the foregoing is true and correct GIGNED Ja Hoa TITLE Area Manager This space for Federal or State office use) APPROVED BY DATE DATE DATE				•	
Thereby certify that the foregoing is true and correct SIGNED JA HOAD TITLE Area Manager Op/21/89 APPROVED BY DATE ODATE DATE DATE				<u> </u>	•
hereby certify that the foregoing is true and correct SIGNED Ja Hoa TITLE Area Manager This space for Federal or State office use) APPROVED BY DATE DATE DATE				도 해 중 해	
thereby certify that the foregoing is true and correct SIGNED JA HOA TITLE Area Manager APPROVED BY				, , ~	
bereby certify that the foregoing is true and correct GIGNED JA HOO TITLE Area Manager TITLE Area Manager DATE 09/21/89 APPROVED BY				_	0
bereby certify that the foregoing is true and correct GIGNED JA PARA TITLE Area Manager TITLE Area Manager DATE 09/21/89 APPROVED BY					· -
The space for Federal or State office use) APPROVED BY				<u>.</u> • • •	i m
This space for Federal or State office use) Area Manager DATE 09/21/89 TITLE DATE					
This space for Federal or State office use) Area Manager DATE 09/21/89 TITLE Area Manager DATE 09/21/89)	0
TITLE Area Manager DATE 09/21/89 This space for Federal or State office use) APPROVED BY				· · · · · ·	
APPROVED BY					
(This space for Federal or State office use) APPROVED BY	hereby certify that the foregoin	ng is true and correct			
(This space for Federal or State office use) APPROVED BY	signed Jakeas	TITLE A	rea Manager	DATE 09/21/	89
CONDITIONS OF ADDROVAL IN ANY.	(This space for Federal or State	office use)			
CONDITIONS OF ADDROVAL IN ANY.	APPROVED BY	TITLE		T) & William	
			ΔΑ		