Form 3160-5 (July 1989)

This space for Federal or State office use)

PROVED BY Orig. Signed by Shannon J. Shaw NDITIONS OF APPROVAL, IF ANY:

UNI LO STATES DEPARTMENT OF THE INTERIOR

CONTACT RECEIVI OFFICE FOR NUMBER OF COPIES REQUIRED

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JUL 0 8 1993

DATE

oswell District ad Form No. -3160-4	76
SIGNATION AND SERIAL NO.	$-\mathcal{O}($,
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BUREAU OF LAND MANAGEMENT	5. LEASE DESIGNATION AND SERIAL NO. NM-56220	
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.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1. OIL X GAS OTHER NAME OF COMMISSION	7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC. Vartesia, Will 88210	8. FARM OR LEASE NAME 'DD' FEDERAL -24-	
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702 (915) 688-4620	9. WELL NO.	
P. O. Box 3109, Midland, TX 79702 V (915) 688-4620 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	10. FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface 1957' FSL & 1650' FEL, UNIT LETTER J.	DAGGER DRAW UP.PENN.N. 11. SEC., T., R., M., OR BLK. AND	
\cdot	SURVEY OR AREA	
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	SEC. 24, T-19-S, R-24-E	
GR-3585'	EDDY NM	
16. Check Appropriate Box To Indicate Nature of Notice, Re	port, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOT OR ACIDIZE ARANDON® SHOOTING OR ACIDIZING	ALTERING CASING	
REPAIR WELL CHANGE PLANS X (Other)	ABANDONMENT*	
(NOTE: Report resu	its of multiple completion on Well ompletion Report and Log form.)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, posed work. If well is directionally drilled, give subsurface locations and measured and true vertical depwork.) ^a AS PER CONVERSATION BETWEEN MR. SHANON SHAW AND MR. DAVE HOLLOWAY OF	oths for all markers and zones pertinent to this	
RUN AN AUTOMATIC REMOTE-CONTROLLED CHOKE ON THIS WELL. WE WILL HAVE MANUAL, H2S TRIMMED, CHOKES.	INSTALLED AND TESTED TWO	
WE DO NOT PLAN TO HAVE AN ANNULAR PREVENTER, BUT WILL HAVE A ROTATING AND WILL BE ABLE TO ACHIEVE FULL CLOSURE OF THE WELL WITH THE DOUBLE F	HEAD AS PER OUR BOP EXHIBIT RAM PREVENTER.	
A PVT SYSTEM WILL NOT BE INSTALLED. WE WILL BE DRILLING THRU THE RESER THE STEEL PITS ONE HOUR EACH TOUR TO CHECK FOR GAINS AND LOSSES AND WILLOG, WHICH IS TEXACO'S POLICY.	EVE PIT AND WILL CIRCULATED L BE NOTED ON THE DRILLER'S	
ANY QUESTIONS CONCERNING THESE PLANS SHOULD BE DIRECTED TO MR. DAVE HOL	LOWAY AT (915) 688-4610.	
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	$\frac{d^2}{dx^2} = \frac{d^2}{dx^2}$	
I hereby certify that the foregoing is true and correct		
SIGNED C. P. Backom / CWH TITLE DRILLING OPERATIONS MANAGE	ER DATE 07-02-93	

TITLE

PETROLEUM ENGINEER