

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NM060-3160-4

5. LEASE DESIGNATION AND SERIAL NO.
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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

NM OIL CONS. COMMISSION

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
TEXACO EXPLORATION AND PRODUCTION INC.

Drawer DD
Artesia, NM 88210

8. FARM OR LEASE NAME
'DD' FEDERAL -25-

3. ADDRESS OF OPERATOR
P. O. Box 3109, Midland, TX 79702

3a. AREA CODE & PHONE NO.
(915) 688-4620

9. WELL NO.
4

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

781' FNL & 1767' FEL, UNIT LETTER B.

10. FIELD AND POOL, OR WILDCAT
DAGGER DRAW UP, PENN. N.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC. 25, T-19-S, R-24-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR-3582'

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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)*

AS PER CONVERSATION BETWEEN MR. SHANON SHAW AND MR. DAVE HOLLOWAY ON JULY, 2, 1993, WE WILL NOT RUN AN AUTOMATIC REMOTE-CONTROLLED CHOKE ON THIS WELL. WE WILL HAVE INSTALLED AND TESTED TWO MANUAL, H2S TRIMMED, CHOKES.

WE DO NOT PLAN TO HAVE AN ANNULAR PREVENTER, BUT WILL HAVE A ROTATING HEAD AS PER OUR BOP EXHIBIT AND WILL BE ABLE TO ACHIEVE FULL CLOSURE OF THE WELL WITH THE DOUBLE RAM PREVENTER.

A PVT SYSTEM WILL NOT BE INSTALLED. WE WILL BE DRILLING THRU THE RESERVE PIT AND WILL CIRCULATED THE STEEL PITS ONE HOUR EACH TOUR TO CHECK FOR GAINS AND LOSSES AND WILL BE NOTED ON THE DRILLER'S LOG, WHICH IS TEXACO'S POLICY.

BOP'S ON THIS WELL WILL NOT BE TESTED BY AN INDEPENDENT SERVICE COMPANY SINCE IT WILL BE DRILLED IMMEDIATELY FOLLOWING THE 'DD' FEDERAL -24- WELL NO. 4.
WE WILL TEST THE BOP AND ALL COMPONENTS OF THE WELL CONTROL SYSTEM WITH THE RIG PUMP.

ANY QUESTIONS CONCERNING THESE PLANS SHOULD BE DIRECTED TO MR. DAVE HOLLOWAY AT (915) 688-4610.

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

SIGNED C.P. Basham / cwh

TITLE DRILLING OPERATIONS MANAGER

DATE 07-02-93

(This space for Federal or State office use)

APPROVED BY Orig Signed by Shannon J. Shaw

TITLE PETROLEUM ENGINEER

DATE JUL 08 1993

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side