

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 0514349-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Western Reserves Fed.

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Avalon Upper Penn (Gas)

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

Sec 4-21S-26E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Texaco Producing Inc. ✓

3. ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, New Mexico 88240

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

At surface

Unit Letter "J", 2932' FNL & 1980' FEL

Sec 4-21S-26E

14. PERMIT NO.

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

3190' GR

RECEIVED

AUG 09 '88

G. C. D.

ARIESA, OFFICE

16. Check Appropriate Box To Indicate Nature of Notice, Report, 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

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Casing Connections

(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.)*

Riser on 13-3/8" OD and 8-5/8" OD casing brought to surface.

Riser on 8-5/8" OD and 5-1/2" OD casing brought to surface.

Inspected by Johnny Robinson on 7-20-88

Cement circulated to surface on 8-5/8" OD casing.

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

397-3571

SIGNED

TITLE Area Superintendent

DATE July 1988

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SJS

*See Instructions on Reverse Side