

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Alameda, NM 88210

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

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Texaco Inc.	OCT -6 1986	8. FARM OR LEASE NAME J. M. Gates Federal NCT-1
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240	O. C. D. OFFICE	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL & 1650' FEL		10. FIELD AND POOL, OR WILDCAT White City Penn
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3458' DF	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 30, T-24-S, R-26-E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Notify as per request	X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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.)

A pop-off valve is currently installed on the casing of the well to relieve pressure when the casing pressure exceeds the maximum safe operating pressure of 500 PSI. The origin of the pressure is suspected to be either a packer or tubing leak. Approximately 5 MCFD is being relieved to the atmosphere. Repair work is anticipated to begin not later than November 1, 1986.

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

SIGNED L. J. Seeman / djs

TITLE L. J. Seeman
Dist. Petr. Engr.

DATE 9/26/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE
ACCEPTED FOR RECORD
OCT 02 1986

*See Instructions on Reverse Side