

DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)
BUREAU OF LAND MANAGEMENT

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 ☐ GAS WELL ☒ OTHER ☐
2. NAME OF OPERATOR
Texaco 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 "F" 1650' FNL & 1650' FWL
Sec 33-24S-26E
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3365 GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-0539977-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
White City Com NOT 1
9. WELL NO.
1
10. FIELD AND POOL, OR WILDCAT
White City Penn (Gas)
11. SEC., T., R., M., OR BLK. AND
SUBVY OR AREA
33-24S-26E
12. COUNTY OR PARISH
Eddy
13. STATE
NM

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O. C. D.
ARTESIA OFFICE

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 ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Casing Connections ☒

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.)*

Riser on 10-3/4" OD and 7-5/8" OD casing brought to surface.

Riser on 7-5/8" OD and 4-1/2" OD casing brought to surface.

Inspected by Johnny Robinson on 7-20-88

Aug 1 9 31 AM '88
CARLTON
AREA
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18. I hereby certify that the foregoing is true and correct

397-3571

SIGNED

TITLE Area Superintendent

DATE 5-20-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS