

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR (Other instructi  
verse side) CATE on re

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

458

RECEIVED

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  OCT 6 11 24 AM '89

2. NAME OF OPERATOR CARLSBAD OFFICE  
Texaco Producing Inc. AREA 100 LETTERS

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
660' FSL, 1980' FEL, (Unit letter O)

5. LEASE DESIGNATION AND SERIAL NO.  
NM 2925 RECEIVED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
OCT 20 '89

7. UNIT AGREEMENT NAME  
O. C. D.

8. FARM OR LEASE ARTESIA, OFFICE

9. WELL NO.  
3

10. FIELD AND POOL, OR WILDCAT  
Livingston Ridge - Delaware

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA  
Sec. 13, T-22-S, R31E

12. COUNTY OR PARISH Eddy 13. STATE NM

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
GR 3572'

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Spud and Surface casing</u> <input checked="" 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.)\*

Spud: 14 3/4" Hole at 9:30 A.M. MST 10-2-89. Basin Rig 7.

Surface casing: 20 jts., 11 3/4, 42 #/Ft., H-40 ST+C, Set at 838'.

Surface Cement: 700 SX CLASS 'H' + 1/4 #/5X Flocele + 2% CACL (15.6 PPG), Circulate 380.

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

SIGNED [Signature] TITLE Div. Dir. Supt. DATE 10-05-89

(This space for Federal or State use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY OCT 18 1989

CARLSBAD, NEW MEXICO \*See Instructions on Reverse Side