

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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Form approved.  
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 ☒ GAS WELL ☐ OTHER ☐  
OCT 6 11 24 AM '89

2. NAME OF OPERATOR  
Texaco Producing Inc.

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)

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Spud and Surface casing

(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

TITLE

DATE

(This space for Federal or State use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

CARLSBAD, NEW MEXICO

\*See Instructions on Reverse Side