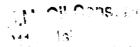
Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir



FORM APPROVED

Budget Bureau No. 1004-0135 (21)-2034 Expires March 31, 1993

5 Lease Designation and Serial No.

NM 29233 6 If Indian Alottee or Tribe Name

Use "APPLICATION FOR PERMIT" for such proposals	o windan, wonce or time waire
SUBMIT IN TRIPLICATE	7 If Unit or CA, Agreement Designation
Type of Well OIL GAS OTHER	8 Weil Name and Number NEFF '13' FEDERAL
P. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.	) 第4章 東投資。※ 11
Address and Telephone No. P.O. Box 2100, Denver Colorado 80201	303)79 <b>3</b> -4851 9 API Well No.
Location of Well (Footage, Sec., T., R., M., or Survey Description)	30-015-29582
Unit Letter G 1839 Feet From The NORTH Line and 2121	10 Field and Pool, Exploratory Area Feet From The LIVINGSTON RIDGE - DELAWARE
EAST Line Section 13 Township 22-S Range	31-E 11 County or Parish, State EDDY NM
Check Appropriate Box(s) To Indicate Nature  TYPE OF SUBMISSION	TYPE OF ACTION
Abandonment Recompletion Notice of Intent Plugging Back Subsequent Report Casing Repair Altering Casing OTHER	Change of Plans  New Construction  Non-Routine Fracturing  Water Shut-Off  Conversion to Injection  SURF, INTER CSG  Dispose Water  (Nuln Report results of multiple complet on a) Water
<ul> <li>Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertidirectionally drilled, give subsurface locations and measured and true vertical depths for all measured and true vertical depths for all</li></ul>	arkers and zones pertinent to this work.)*.  ID TO 800'.  G, 1.32 CF/S) PLUG DOWN @ 4:45 PM 12-08-97.  S FROM 6:15 PM TO 6.45 PM 12-10-97.  D SALT, 1/4# FLOCELE (12.4 PPG, 2.14 CF/S). F/B 150 SACKS.
14 Thereby certify that the foregoing is true and correct  SIGNATURE C.P. Besham SIZ TITLE Eng. Assis  TYPE OR PRINT NAME Sheilla D. Reed-High  (This space for Federal or State office use)	general transfer to the second secon
APPROVED	

TITLE

CONDITIONS OF APPROVAL, IF ANY. \_\_\_

\_DATE\_