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Prove of the set	I       OTHER       REF         OTHER       REF       REF         2: NAME OF OFPERATOR       Texas Pacific Oil Company, Inc. /       SE         3: ADDERSS OF OFFERATOR       P. O. Box 4067, Midland, Texas 797014.5 GFG       SE         4: Location of weld (Report location clearly and in accordance with any SHIFESIA At surface       Init M, 1000' FWL & 800' FSL       See also space 17 below.)         4: Location of weld (Report location clearly and in accordance with any SHIFESIA At surface       It. Elevations (Show whether DF, RT, CR, etc. CR 3188         14. PERMIT NO.       It. Elevations (Show whether DF, RT, CR, etc. CR 3188       RE         16.       Check Appropriate Box To Indicate Nature of NOTICE OF INTENTION TO:       WA         TEST WATER SHOT-OFF       PCLL OR ALTER CASING       WA         REPAIR WELL       Chark Appropriate Box To Indicate Nature of NOTICE OF INTENTION TO:       KA         TEST WATER SHOT-OFF       PCLL OR ALTER CASING       WA         REPAIR WELL       Chark Appropriate Box To Indicate Nature of NOTICE OF INTENTION TO:       KA         TEST WATER SHOT-OFF       PCLL OR ALTER CASING       WA         REPAIR WELL       Chark Appropriate Box To Indicate Nature of NOTICE OF INTENTION TO:       KA         17. DESCRIBE PROPOSED OR COMPLETED OFFRATIONS (Clearly state all pertinent details, a percessions and menent to this work.)*       I. Retrieve RTTS p	7. UNIT AGREEMENT NAME         7. UNIT AGREEMENT NAME         7. UNIT AGREEMENT NAME         8. FARM OR LEASE NAME         Phantom Draw UnitFed.         9. WELL NO.         9. WELL NO.         10. FIELD AND POOL, OR WILDCAT         11. SEC., T., B., M., OR BLK. AND         SUBVEY OR AREA         SUBSEQUENT REPORT OF:         ACTURE TREATMENT         MOTIC OR ACIDIZING         NOTE: Report results of multiple completion on Well         Completion or Recompletion Report and Log form.)         and give pertinent dates, including estimated date of starting ang
The influe influe influence of the influenc	OLL       CAS       OTHER       REE         2. NAME OF OPERATOR       Texas Pacific Oil Company, Inc.       SE         3. ADDRESS OF OPERATOR       SE       SE         9. O. Box 4067, Midland, Texas       797014.5 Grows         4. LOCATION OF WELL (Report location clearly and in accordance with any SAMPESIA See also space 17 below.) At surface       SEC         14. PERMIT NO.       15. ELEVATIONS (Show whether DF. RT. CR. etc. CR 3188       SEC         16.       Check Appropriate Box To Indicate Nature of NOTICE OF INTENTION TO:       WA         FRACTURE TREAT       MULTIPLE COMPLETE ABANDON*       SEC         REPAIR WELL       CHARGE PLANS       (OI         (Other)       11. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, a proposed work. If well is directionally drilled, give subsurface locations and n nent to this work.)*       SEC         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, a proposed work. If well is directionally drilled, give subsurface locations and n nent to this work.)*       I. Retrieve RTTS packer. May have to cut-off         2. Repair leak in 9 5/8" casing. Leak is the Casing patch will be utilized to repair th jobs failed.       3. Retrieve perforating guns from bottom of h         4. GIH w/3 1/2" tubing. Testing to 10,000#. w/13.2 ppg mud.       5. Set tree and test to 10,000 PSIG. Cement	S. FARM OR LEASE NAME         P131976         New MEXICO         S. FARM OR LEASE NAME         Phantom Draw UnitFed.         9. WELL NO.         10. FIELD AND POOL, OR WILDCAT         NEW MEXICO         Wildcat         SURVEY         NEW MEXICO         SUBSEQUENT OR AREA         SUBSEQUENT BEPORT OF:         Notice, Report, or Other Data         SUBSEQUENT BEPORT OF:         ACTURE TREATMENT         IOOTING OR ACIDIZING         ALTERING CASING         ALTERING OR ACIDIZING         ALTERING OR ACIDIZING         ALTERING OR ACIDIZING         ALTER SHUT-OFF         ACTURE TREATMENT         IOOTING OR ACIDIZING         ALTERING CASING         ALTERING OR ACIDIZING         ALTER SHUT-OFF         ALTERING OR ACIDIZING         ALTERING OR ACIDIZING         ALTERING OR ACIDIZING         ALTERING OR ACIDIZING OF TRESOFT AND LOG FORM.)         AND ONMENT*
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Torxes       Pacified Control Company. Inc.       SEP 1 3 1976       Partial 3 1976         P. O. Box 2007. Midland, Texas       79701 U.S. Grout Company. Inc.       1       Partial 3 1976         P. O. Box 2007. Midland, Texas       79701 U.S. Grout Company. Inc.       1       Partial 3 1976         P. O. Box 2007. Midland, Texas       79701 U.S. Grout Company. Inc.       1       Partial 3 1976         Intit M. 1000' FWI. & 800' FSL       1       Partial 3 1976       1         It result to a       1       Partial 3 1976       1       Partial 3 1976         It result to a       1       Partial 3 1976       1       Partial 3 1976         It result to a       1       Partial 3 1976       1       Partial 3 1976         It result to a       1       Partial 3 1976       1       Partial 3 1976         It result to a       1       Partial 3 1976       1       Partial 3 1976         It result to a       1       Partial 3 1976       1       Partial 3 1976         It result to a       1       Partial 3 1976       1       Partial 3 1976         It result to a       1       Partial 3 1976       1       Partial 3 1976         It result to a       1       Partial 3 1976       1       Partia 3 1976	Texas Pacific Oil Company, Inc. V         Set Dependence         P. O. Box 4067, Midland, Texas 797014.5. Geo         Vertice of Dependence         Midland, Texas 797014.5. Geo         Vertice of Dependence         Vertice of INTENTION TO:         Vertice of INTEN	Plantom Draw Unitreed. Plantom Draw Unitreed. 9. well No. 1. 10. FIELD AND POOL, OR WILDCAT 10. FIELD AND POOL, OR WILDCAT 11. SEC., T., R., M., OR BEE, AND SURVEY OR ABEA SEC. 20, T-26-S, R-31-1 12. COUNTY OR PARISH 13. STATE Eddy New Mexic Notice, Report, or Other Data SUBSEQUENT REPORT OF: ACTURE TREATMENT COUTING OR ACIDIZING ABANDONMENT <sup>2</sup> (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) and give pertinent dates, including estimated date of starting ang measured and true vertical depths for all markers and zones pertinent
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Unit M, 1000' FWL & 800' FSL       Sec. 20, T-26-S, R-31-E         14. HEADON' FWL & BOL' FSL       CR 2188         15. OCTOFT OF LANSER       CR 2188         16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date       Now Mexico         16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date       Now Mexico         17. Market or Difference Difference of Differen	14. PERMIT NO.       15. ELEVATIONS (Show whether DF, RT, GR, etc.         IS. ELEVATIONS (Show whether DF, RT, GR, etc.         GR 31.88         16.         Check Appropriate Box To Indicate Nature of NOTICE OF INTENTION TO:         TEST WATER SHUT-OFF         FRACTURE TREAT       PULL OR ALTER CASING         SHOOT OR ACIDIZE       MULTIPLE COMPLETE         REPAIR WELL       CHANGE PLANS         (Other)       CHANGE PLANS         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, r         proposed work. If well is directionally drilled, give subsurface locations and n         nent to this work.)*       1. Retrieve RTTS packer. May have to cut-off         2. Repair leak in 9 5/8" casing. Leak is the Casing patch will be utilized to repair th jobs failed.         3. Retrieve perforating guns from bottom of h         4. GIH w/3 1/2" tubing. Testing to 10,000#.         w/13.2 ppg mud.         5. Set tree and test to 10,000 PSIG. Cement	Sec. 20, T-26-S, R-31-1 12. COUNTY OF PARISH 13. STATE Eddy New Mexic Notice, Report, or Other Data SUBSEQUENT BEPORT OF: ACTURE TREATMENT GOOTING OR ACIDIZING BEPARISH ALTERING WELL ALTERING CASING ABANDONMENT* (NOTE : Report results of multiple completion on Well Completion or Recompletion Report and Log form.) and give pertinent dates, including estimated date of starting any measured and true vertical depths for all markers and zones pertinent
11. BERNARY NO.       12. BERNARY NO.       12. COUNT OF PARIAB       13. BERNARY         10.       Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data       New Mexico         10.       Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data         11. CHENNER AND TO:       SUBSCENT ENCORT OF:         11. CHENNER       SUBSCENT ENCORT OF:         11. CHENNER       SUBSCENT ENCORT         11. CHENNER       SU	14. PERMIT NO.       15. ELEVATIONS (Show whether DF, RT, GR, etc.         IS. ELEVATIONS (Show whether DF, RT, GR, etc.         GR 31.88         16.         Check Appropriate Box To Indicate Nature of NOTICE OF INTENTION TO:         TEST WATER SHUT-OFF         FRACTURE TREAT       PULL OR ALTER CASING         SHOOT OR ACIDIZE       MULTIPLE COMPLETE         REPAIR WELL       CHANGE PLANS         (Other)       CHANGE PLANS         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, r         proposed work. If well is directionally drilled, give subsurface locations and n         nent to this work.)*       1. Retrieve RTTS packer. May have to cut-off         2. Repair leak in 9 5/8" casing. Leak is the Casing patch will be utilized to repair th jobs failed.         3. Retrieve perforating guns from bottom of h         4. GIH w/3 1/2" tubing. Testing to 10,000#.         w/13.2 ppg mud.         5. Set tree and test to 10,000 PSIG. Cement	12. COUNTY OR PARISH       13. STATE         Eddy       New Mexic         Notice, Report, or Other Data         SUBSEQUENT DEPORT OF:         ACTURE REPAIRING WELL         ACTURE TREATMENT         ALTER SHUT-OFF         REPAIRING WELL         ACTURE TREATMENT         ALTERING OR ACIDIZING         ALTERING CASING         ALTERING CASING         ALTERING OR ACIDIZING         ALTERING CASING         ALTERING OR ACIDIZING         ALTERING CASING         ALTERING OR ACIDIZING         ALTERING CASING         ALTERING CA
Image: CR 3188       Eddy       New Mexico         10       Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data         Notice or INTENTION TO:         States and the Constant Costing in the Complete and Notice, Report, or Other Data         States and the Complete in the Costing in the Complete and Notice, Report, or Other Data         States and control in the Costing in th	GR 3188 GR 3188 16. Check Appropriate Box To Indicate Nature of NOTICE OF INTENTION TO: TEST WATER SHOT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, r proposed work. If well is directionally drilled, give subsurface locations and n nent to this work.)* 1. Retrieve RTTS packer. May have to cut-off 2. Repair leak in 9 5/8" casing. Leak is the Casing patch will be utilized to repair th jobs failed. 3. Retrieve perforating guns from bottom of H 4. GIH w/3 1/2" tubing. Testing to 10,000#. w/13.2 ppg mud. 5. Set tree and test to 10,000 PSIG. Cement	Eddy New Mexic Notice, Report, or Other Data SUBSEQUENT BEPORT OF: ATER SHUT-OFF ACTURE TREATMENT MOOTING OR ACIDIZING ther) (NOTE : Report results of multiple completion on Well Completion or Recompletion Report and Log form.) and give pertinent dates, including estimated date of starting any measured and true vertical depths for all markers and zones pertinent
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