| Form 3160-5<br>(November 1983)<br>(Formerly 9-331) DEPARTN   | TED STATES MENT OF THE INTER U OF LAND MANAGEMEN   | SUBMIT IN TRICATE (Other instructions on research)  | Form approved.  Budget Bureau No. 1004-0135 Expires August 31, 1985  LEARE DESIGNATION AND SERIAL NO. |
|--|--|---|---|
|  | CES AND DEDODES  |   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |
| OIL GAB WELL OTHER  2. NAME OF OPERATOR  |  | GRVVI   | 7. UNIT AGRREMENT NAME  |
| Texaco Producing Inc.  |  |   | S. FARN OR LEASE NAME  Salt Draw 11 Fed Com   |
| P. O. Box 730 Hobbs N  4. LOCATION OF WELL (Report location cle See also space 17 below.) At surface | M 88240<br>early and in accordance with any  | State requirements.   | 9. WELL BO.  10. FIELD AND POOL, OR WILDCAT   |
| 1880' FNL & 1980' FEL  | Unit Ltr G   | - ope <b>c€</b>   | Lindes. Salt Draw Atoka 11. SPC., T., R., M., OR BLE. AND SURVEY OR AREA                              |
| 14. PERMIT NO.   | 15. SLEVATIONS (Show whether DE  | , RT, OR, etc.)   | Sec. 11.T-25-S, R-28-E<br>12. COUNTY OR PARISH 18. STATE  |
| Check App  | propriate Box To Indicate N  | lature of Notice, Report, or C  | Eddy NM   |
| · —  | ION TO:  |   | Other Data  Unit arrors or:   |
| BHOOT OR ACIDIZE AB REPAIR WELL CH (Other)   | LLOR ALTER CASING LUIPLE COMPLETE ANDON* ANCE PLANS TIONS (Clearly state all pertinent library drilled, give subsurface located) | WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING XX  (Other) (NOTE: Report results | ABANDONMENTS  |
| 5) Attempted to prp ac 6) Pkr sheared  | PSA 12,000'. Tested<br>perfs 12,170-12,610<br>gals pmpd. 6240# TF<br>id @ 8240# on tbg &   | using 2000 colo   | <i>II</i> •   |
|  |  |   |   |
| I hereby certify that the foregoing is tru   |  | Ada   | 05. W 1882  |
| SIGNED . Parte Charge  | Mont   | e C. Duncan   |   |
| (This space for Federal or State office no   | TITLE Engi   | neer's Assistant  | DATE 12-18-90   |
| APPROVED BY  | TITLE  |   |   |