	STATES SUBMIT IN ORTH A THE INTERIOR CORRESPONDED TO A STATE OF THE PROPERTY O	Budget Bure of L. 1994. Expires August 11 1 55 1 FEASE DENIENATION OF BARTAL  NM-17225-A
30'8 UNDRY NOTICES AN	D REPORTS ON WELLS to deepen or plug back to a different reservoir. ERMIT of for such proposals.)	6 IF INDIAN, ALLOTTINE ON THISE SHE
OIL WELL OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		S. FARM OR LEASE NAME
Texaco Producing Inc. 3. ADDRESS OF OPERATOR		Salt Mountain 25 Federal
PO Box 728, Hobbs, New Mexico 88240  1. DOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)		3 10. FIELD AND POOL OR WILDCAT
At surface		Brushy Draw Delaware 11. SEC., T., B., M., OR BLE. AND 8UBVEY OR AUGA
1750' FNL, 2045' FEL		S25, T26S, R29E
14. PERMIT NO 15 ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH: 13. STATE
	71' GR	Eddy New Mexico
	ox To Indicate Nature of Notice, Report, o	
NOTICE OF INTENTION TO:		SEQUENT REPORT OF:
• ~	; · · j	r-in
TEST WATER SHUT-OFF PILL OR ALTER FRACTURE TREAT MUCIPLE COMP		REPAIRING WELL
SHOOT OF ACIDIZE ABANDON*	PRETF FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTREING CASING ABANDONMENT*
REPAIR WELL CHANGE PLANS	(Other)	abandon a Est
(Other)	Note: Report res Completion or Rec	sults of multiple completion on Weli outpletion Report and Log form.)
17. DESCRIBE PROPOSED OF COMPLETED DIERATION, Clear proposed work. If well is directionally dislied a	ily state all perfinent details, and give pertinent de give subsurface locations and measured and true ve	ntag Inaluding anthony of June 1
nenc to this work.)		
lease retain well as-is for u	use as pressure observation	on well. <sub>SJS</sub>
	is location due to lost circula	
cavernous zone which was encou	intered below conductor pipe fr	om 40 to 70 feet The
existing berohelo will be fill	led with cement and an abandenm	ent-maybey installed
on location		and marker and house feet
La luico		
Wo Sign		
RECEIVED  J II 24 AII		
		•
E		
1.33		,
S 0.₹		Part ID-2
		111-31-87
		Port ID-2 10-30-87 Hold for Abserta
		Je ou acomo
18. I hereby certify that the foregoing is true and corre	ect	
SIGNED Ja Leas	TITLE Area Superintendent	DATE 9-24-87
(This space for Rederal or State office use)		
(This space for Federal or State office use)	•	07
APPROVED BY	TITLE	DATE 10-14.87

\*See Instructions on Reverse Side