			Time -			30 - 415 - 2502/
TEIN		UI ED ST	ATES D	SUBMIT IN TRI	ATE*	Busines Bure 1. 15 5 5 7 7
DEPARTMENT OF T			HE INTERIOR	Cother Latructic	/41 / <del>21</del> j	5 (EASK DESIGNATION AND SARIA)
18'00	BURE	AU OF LAND M	MANAGEMENT			NM-17225-A 2552/
OCT 20 SUI	UDRY NO	TICES AND  Socialis to drill or to CATION FOR PERM	REPORTS ON deepen or plug back	to a different reservoir.	į	6 IF INDIAN, ALLOTTEE OR TRIBE
(Do not use Ols form for proposals to drill or to deepen or plug back to a different reservoir.  O. OFFICE SE "APPLICATION FOR PERMIT—" for such proposals.)  O. OFFICE SE "APPLICATION FOR PERMIT—" for such proposals.)						7. UNIT AGREEMENT NAME
Texaco Producing Inc.						S. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR						Salt Mountain 25 Federal
PO Box 728, Hobbs, New Mexico 88240						3Y_
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)						10. BALLD, AND POOL OR WILDCAT
At surface					$-\chi$ !	Brushy Draw Delaware II SEC. T. E. M., OR BLE. AND
1746' FNL, 2121' FEL						SUBVEY OR AREA
						\$25, T26S, R29E
14. PERMIT NO		2970' G	(Show whether DF, RT,	GR, etc.)	Ì	12. COUNTY OR PARISH 13. STATE Eddy New Mexico
16						
10			to Indicate Natu	re of Notice, Report,	or O	ther Data
	NOTICE OF INTENTION TO:					INT REPORT OF:
TEST WATER SHUT	OFF	PULL OR AUTER CAS	1 1 1	WATER SHUT-OFF	;	REPAIRING WELL
FRACTURE TREAT SHOOT OR ACIDIZE		MULTIPLE COMPLET	TF.	FRACTUBE TREATMENT		ALTERING CASING
REPAIR WELL	- '	ABANDON* CHANGE PLANS	X	SHOOTING OR ACIDIZING	•	ABANDONMENT*
Movement to	this loca	ation is nec	essary due t	cified on the at o the lost circu on the original	ulat <sup>.</sup>	ion problems
	833		PTD - 5	800		
	e de Gari Bras					
RECEIVED  S II 25 A	- 'K					
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ر رہے۔ ماریک	j.					11 2427
<b>3</b> 5	¥					
8. I hereby certify that	the foregoing	s true and correct				
signed James	A. Head		TITLE Area	Superintendent		DATE 9-24-87
(This space for Fede	eral or State of	· · · · · · · · · · · · · · · · · · ·			·	
APPROVED BY		un in An Éireannas 	TITLE			DATE 16-1487
CONDITIONS OF A	PPROVAL, IF	ANY:				Data

\*See Instructions on Reverse Side