

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO

Expires August 31, 1985

**SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Texaco Inc.		3. ADDRESS OF OPERATOR P.O. Box 728, Hobbs, New Mexico 88240		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below) At surface Unit Letter L, 2086' PSL & 556' FWL		5. LEASE DESIGNATION AND SERIAL NO. NM-0250		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME K. F. Quail Fed.		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT Lea Delaware		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 1, T20S, R34 E		12. COUNTY OR PARISH Lea		13. STATE New Mexico	
14. PERMIT NO.				15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3699' KB				16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data																	

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:																			
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>	FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)																			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*
- MIRU PU. Install BOP.
  - Perforate w/4" csg. gun 5913,14,15,21,22,23,24,6041,42,43,6110,11,12 (13 int; 26 holes)
  - Acidize and swab test.
  - Frac if necessary.
  - If non-commercial, set CIEP @ 5880' and dump 35' cement.
  - Perforate w/4" csg gun 5410,11,12,13,22,24,46,47,48,53,59,60,61,76,83,84,85,5517,13,20,27,28,29,64,65,66,67,5679,80,81,92,93 (32 int; 64 holes)
  - Acidize and test.
  - Run Production equipment and place on test.

REQUEST 60 DAY EXTENSION ON NOTICE OF INCIDENTS OF NON-COMPLIANCE #0001-89 Dated 11-4-88 by Mr. R. G. Dillow.

18. I hereby certify that the foregoing is true and correct 397-3571

SIGNED *J. A. Head* TITLE Hobbs Area Superintendent DATE 11-15-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 11-29-88

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

\*See Instructions on Reverse Side