

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
P.O. BOX 1300  
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

5. LEASE DESIGNATION AND SERIAL NO. NM-0448921-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT ASSIGNMENT NAME

8. FARM OR LEASE NAME Mexico Federal P

9. WELL NO. 2

10. FIELD AND POOL, OR WILDCAT Rustler Disposal

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 21, T26S, R35E

12. COUNTY OR PARISH Lea

13. STATE NM

1. OIL WELL  GAS WELL  OTHER Salt Water Disposal

2. NAME OF OPERATOR Texaco Producing, Inc.

3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
1630' FWL & 2330' FNL

14. PERMIT NO. 30-025-21989

15. ELEVATIONS (Show whether DF, ET, GR, etc.) 3150' G.L.

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 type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)\*

05/14 - 19/86 - Drill out CIBP at 350' and push to 1500'. Set 4 1/2" CIBP at 1475'. Capped w/8 sx class H cement. Circulated hole w/10# gelled brine. Pull tubing to 1100', spot 82 sx Class H plug. Squeeze holes in 4 1/2" casing at 40' with 25 sx class H. Installed surface plug and dry hole marker.



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

SIGNED Steve Browning TITLE District Admin. Supervisor DATE 06/18/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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