

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUM  
OF COPIES REQUI  
(Other instructions on reverse  
side)

BLM Roswell District  
Modified Form No. 1  
NM 020-3160-5

clsf

**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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		8. FARM OR LEASE NAME 'EE' -24- FEDERAL	
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702		9. WELL NO. 3	
3a. AREA CODE & PHONE NO. (915) 688-4620		10. FIELD AND POOL, OR WILDCAT DAGGER DRAW UP, PENN. N.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1880' FNL & 1650' FEL, UNIT LETTER G.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 24, T-19-S, R-24-E	
14. PERMIT NO. API #30 015 27226	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3598'	12. COUNTY OR PARISH EDDY	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) EXTEND DRILLING PERMIT	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<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.)\*

DUE TO DRILLING PRIORITY, THIS WELL CANNOT BE SPUDDED BEFORE THE DECEMBER 3, 1993 EXPIRATION DATE.  
TEXACO PLANS TO DRILL THIS WELL IN 1994. PLEASE EXTEND THE DRILLING PERMIT FOR AN ADDITIONAL YEAR.

RECEIVED  
NOV 5 11 05 AM '93  
CARTER  
AREA

APPROVED FOR 12 MONTH PERIOD  
ENDING DEC-03-1994

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

SIGNED C.P. Basham / cwt TITLE DRILLING OPERATIONS MANAGER DATE 11-03-93

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE DEPARTMENT SUPERVISOR DATE DEC 02 1993  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side