

UNITED STATES N. M. BLM CONS. COMMISSION
DEPARTMENT OF THE INTERIOR (Other Instructions)
BUREAU OF LAND MANAGEMENT HOBBS, NEW MEXICO 88240

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.)

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 Inc.	8. FARM OR LEASE NAME M.A. Cunningham Fed. NCT-1
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1815' FSL & 1815' FWL, Unit Letter K	10. FIELD AND POOL, OR WILDCAT Todd Wolfcamp
14. PERMIT NO. Regular	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-7-S, R-35-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4183' GR	12. COUNTY OR PARISH Roosevelt
	13. STATE NM

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Downhole Integrity Test <input checked="" 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.) *

1. Notify BLM 24 hours prior to test.
2. Close bradenhead outlets 24 hours prior to testing.
3. Load casing with inert fluid.
4. Pressure test casing to 300# for 30 minutes and obtain a chart with a continuous recording pressure chart.



18. I hereby certify that the foregoing is true and correct
SIGNED L. J. Seeman TITLE Dist. Petr. Eng. DATE 5-1-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
PETER W. CHESTER

MAY 7 1986

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA