

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)  
P.O. BOX 1930  
HOBBS, NEW MEXICO 88240

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Texaco Inc.		8. FARM OR LEASE NAME Peery Federal	
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  660' FSL & 1980' FEL of Section		10. FIELD AND POOL, OR WILDCAT Little Lucky Lake-Morrow	
14. PERMIT NO.		11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Section 29, T-15-S, R-30-E	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3955' GR		12. COUNTY OR PARISH Chaves	
		13. STATE N.M.	

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACUTURE TREAT	<input type="checkbox"/>	FRACUTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
CHANGE PLANE	<input type="checkbox"/>		
(Other) Shut-In Extention <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.)\*

REMARKS

1. Well Status - Shut-In Natural Gas Condensate
2. Temporary Abandonment Date - August 1, 1986
3. Reason for Abandonment - Stuck Packer
4. Future Plans - Remedial Work
5. Date of Future Workover or Plugging - 3rd Quarter 1988

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

SIGNED

*A. J. Seeman*

TITLE

Dist. Petr. Engr.

DATE

8/27/87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR 12 MONTH PERIOD  
ENDING SEP 8 1988

\*See Instructions on Reverse Side

APPROVED  
DATE  
PETER W. CHESTER

SEP 8 1987

BUREAU OF LAND MANAGEMENT  
OSWELL RESOURCE AREA

RECEIVED

SEP 10 1987

CCD  
ACRBS OFFICE