

**WELL FILE**  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPlicate  
(Other instructions on reverse side)

Bridge Bureau No. 1004-0133  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0338-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Peery Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

LittleLuckyLake-Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 29

T-15-S, R-30-E

12. COUNTY OR PARISH 13. STATE

Chaves

N.M.

1. OIL WELL ☐ GAS WELL ☒ OTHER

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

660' FSL & 1980' FEL of Section

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3955' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

Shut-In

PCLL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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 1987

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

SIGNED

*W.B. C.*

TITLE

Dist. Oper. Manager

DATE

8-20-86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR *12* MONTH PERIOD  
ENDING *8/22/87*

\*See Instructions on Reverse Side

APPROVED

PETER W. CHESTER

AUG 22 1986

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA