

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN THIS MANNER  
(Other instructions on reverse side)  
HOBBS, NEW MEXICO

Badger District No. 1004-1  
Expires August 31, 1985  
LEASE DESIGNATION AND SERIAL NO.  
NM=055500

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 ☒ GAS WELL ☐ OTHER ☐  
2. NAME OF OPERATOR  
Texaco Producing Inc.  
3. ADDRESS OF OPERATOR  
PO 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

Unit Letter "N", 330' FSL AND 1980' FWL.

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4060' GL  
12. COUNTY OR PARISH 13. STATE  
Chaves NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐  
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐  
SHOOT OR ACIDIZE ☐ ABANDON\* ☐  
REPAIR WELL ☐ CHANGE PLANS ☐  
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☐ ABANDONMENT\* ☐  
(Other) Casing Connections ☒

(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.) \*

Riser on 13-3/8" OD and 8-5/8" OD casing brought to surface.

Riser on 8-5/8" OD and 5-1/2" OD casing brought to surface.

Inspected by Eddie Seay on November 30, 1987.

NOTE-Cement circulated to surface on the 8-5/8" OD casing.

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

SIGNED

397-3571

TITLE Hobbs Area Superintendent

DATE 12/14/87

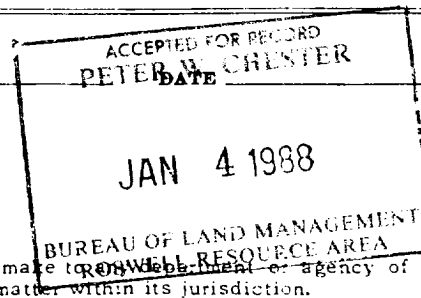
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



RECEIVED  
JAN 4 1988  
OCD  
HOBBY OFFICE