

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions
reverse side)

Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM-055564

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐

RECEIVED

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

DEC 18 '87

W. C. D.

ARTESIA, OFFICE

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

14. PERMIT NO.

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

4060' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Isler Federal

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Many Gates Wolfcamp

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

Sec. 29, T9S, R30E

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

397-3571

SIGNED

TITLE Hobbs Area Superintendent DATE 12/14/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side