

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

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

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Isler Federal

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

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

S29, T9S, R30E

12. COUNTY OR PARISH

Chaves

13. STATE  
NM

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 & 1980' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4060' GL

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Commence Drill. Opns.

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.)\*

Spud 17 1/2" hole at 2:30 PM, 10/17/87

1. Ran 20 jts. (851') 13 3/8", 54.5#, K-55, ST & C casing, set at 867'.
2. Cement with 1000 sxs. Class "H" 2% CaCl. PD at 10:00 PM, 10/18/87. Circulate 120 sxs. to surface.
3. Test 13 3/8" casing to 600# for 30 min. from 5:30 to 6:00 PM, 10/19/87. Test OK.

RECEIVED  
OCT 26 12 15 PM '87  
CARLSON'S SOURCE  
AREA HEADQUARTERS

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

397-3571

SIGNED

TITLE Hobbs Area Superint.

DATE 10/21/87

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
PERMITTEE CHESTER

NOV 9 1987

\*See Instructions on Reverse Side