

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse side)

Form approved.
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> <i>Re-entry</i>		5. LEASE DESIGNATION AND SERIAL NO. LC - 063586	
2. NAME OF OPERATOR Texaco Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
3. ADDRESS OF OPERATOR P.O. Box 728, Hobbs, NM 88240		7. UNIT AGREEMENT NAME ---	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FWL		8. FARM OR LEASE NAME S.A. Bowman Federal	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3578 (DF)		10. FIELD AND POOL, OR WILDCAT <i>Lusk</i> Undesignated Delaware	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit Letter K, Sec. 29, T19S, R32E	
		12. COUNTY OR PARISH Lea	13. STATE NM

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Change Lease Name <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.) *

Form 3160-3, application for Permit to Drill, Deepen, or Plug Back was approved for the Southern California Federal, Well No. 3, 06/05/87.

It is requested that the lease name be changed to S. A. Bowman Federal, Well No. 3. All other information remains the same.

RECEIVED
JUN 15 8 47 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

18. I hereby certify that the foregoing is true and correct			
SIGNED <i>W. Browning</i>	TITLE District Admin. Supervisor	DATE June 12, 1987	
(This space for Federal or State office use)			
APPROVED BY <i>Richard L. Mann</i>	TITLE CARLSBAD RESOURCE AREA	DATE 6-18-87	
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side

RECEIVED
JUN 22 1987
OCD
HOBBS DECK