

**UNITED STATES OF AMERICA**  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <b>Texaco Inc.</b></p> <p>3. ADDRESS OF OPERATOR <b>PO Box 730, Hobbs, New Mexico 88240</b></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <b>Unit Letter P, 990 FSL &amp; 660 FEL</b></p>	<p>5. LEASE DESIGNATION AND SERIAL NO <b>NM-59045</b></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---</p> <p>7. UNIT AGREEMENT NAME ---</p> <p>8. FARM OR LEASE NAME <b>Federal (USA) "J"</b></p> <p>9. WELL NO. <b>1</b></p> <p>10. FIELD AND POOL, OR WILDCAT <b>Lusk Delaware, West</b></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 30, T19S, R32E</b></p> <p>12. COUNTY OR PARISH <b>Lea</b></p> <p>13. STATE <b>NM</b></p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3547' GL</b></p>

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) <u>Casing Risers</u> <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.)\*

Riser on 13-3/8" and 8-5/8" OD casing brought to surface.  
Riser on 8-5/8" and 4-1/2" OD casing brought to surface.

Inspected by E. W. Seay on 10/13/87.

**RECEIVED**  
**OCT 23 11 19 AM '87**  
**CARLSBAD RESERVE AREA HEADQUARTERS**

ACCEPTED FOR RECORD  
6 '80  
SJS  
HOBBS, NEW MEXICO

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

SIGNED *Ja Head* TITLE Hobbs Area Superintendent DATE 10/14/87  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side