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GARY WINK

\_TITLE\_

APPROVED BY\_\_\_\_

CONDITIONS OF APPROVACIONAL TO THE P

nerals and Natural Resources Department

DISTRICT I	OIL CON	SERVATI	ON DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	)	P.O. Box 208		30-025-20936	
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New M			o 87504-2088	5. Indicate Type of Lease	
DISTRICT III				6. State Oil / Gas Lease No.	FEE [
1000 Rio Brazos Rd., Aztec, NM 8				E-9721	
SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)				7. Lease Name or Unit Agreement Name	
				NEW MEXICO CR STATE	
	GAS WELL OTHER				
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.				8. Well No.	
3. Address of Operator 205 E. Bender, HOBBS, NM 88240				9. Pool Name or Wildcat  LUSK STRAWN	
4. Well Location				LOSK STRAWN	
Unit Letter P :	<u>885</u> Feet F	From TheEAS	T Line and 885	Feet From The SOUTH Line	
Section 32	•		=	MPM LEA COUNTY	,
	***************************************		KB, RT,GR, etc.) 3546' DF		
		to Indicate Na	ture of Notice, Report	t, or Other Data	
NOTICE OF INTEN	TION TO:		SU	JBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABAND	ON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPE		Т
PULL OR ALTER CASING  OTHER:		П	CASING TEST AND CEMEN	AT JOB RETURNED TO PRODUCTION	
12. Describe Proposed or Complete any proposed work) SEE RULE	d Operations (Clearly s	state all pertinen	t details, and give pertiner	nt dates, including estimated date of sta	
THE ABOVE WELL HAD BEEN TEN  ② 11,338'. THE INTENT TO RETU	IPORARILY ABANDON RN THIS WELL TO PR	IED WITH A CIBI ODUCTION IN T	P SET @ 13,350' AND CAP HE LUSK STRAWN POOL	PED WITH 12' HYDROMITE WITH A PB WAS SENT TO THE NMOCD ON 10/24/	TD /96.
2/2/98				•	
1. MIRU. SWABBED TESTED FRO	OM PERFS (10,661'-10,	693').			
2. RETURNED WELL TO FLOWING	3 PRODUCTION.				
(NEW TEPI STATUS: FL)					
I hereby certify that the information above is true and	Complete to the best of my knowled	ige and belief			
SIGNATURE Jost	tin	Engr	Asst	DATE 2/2/98	
TYPE OR PRINT NAME	Monte C. Duncan			Telephone No. 397-041	18
(This space for State Use) OFIGINAL SI	GNED BY	Qu	the maken between	्रांची	

DATE APR 2 1 1998