

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

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"/>		N.M. OIL CONS. COMMISSION	
2. NAME OF OPERATOR		P.O. BOX 1980	
ECHO PRODUCTION, INC.		HOBBS, NEW MEXICO 88240	
3. ADDRESS OF OPERATOR		7. UNIT AGREEMENT NAME	
P.O. BOX 1210 GRAHAM, TX 76450			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		8. FARM OR LEASE NAME	
660' FNL & 1980' FWL		TEXACO '14' FEDERAL	
SEC 14, T 18S, R 33E		9. WELL NO.	
Unit C		1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT	
30-025-29378		MESCALERO ESCARPE BS	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
3970' GR		SEC 14 T 18S R 33E	
		12. COUNTY OR PARISH	
		LEA	
		13. STATE	
		NEW MEXICO	

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.)\*

ACIDIZE PERFS 8710/8760 & 8780/8790 W/5000 GALS 20% NE HCL

ANTICIPATED START DATE 1/15/94

RECEIVED  
JAN 16 11:34 AM '94

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

SIGNED <u>V. E. B. Webb</u>	TITLE <u>VICE PRESIDENT</u>	DATE <u>1/13/94</u>
(This space for Federal or State office use)		
APPROVED BY <u>(ORIG. SGD.) JOE G. LARA</u>	TITLE <u>PETROLEUM ENGINEER</u>	DATE <u>2/2/94</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side