

Form 3160-5  
(July 1989)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse  
side)

BLM Roswell District  
Modified Form No.  
NMO60-3160-4

5. LEASE DESIGNATION AND SERIAL NO.  
NM-59045

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☒ GAS WELL ☐ OTHER

N. M. OIL GUNS COMMISSION

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR  
TEXACO EXPLORATION AND PRODUCTION INC. HOBBS, NEW MEXICO 88240

8. FARM OR LEASE NAME  
FEDERAL (USA) 'J'

3. ADDRESS OF OPERATOR  
P. O. Box 3109, Midland, TX 79702

3a. AREA CODE & PHONE NO.  
(915) 688-4620

9. WELL NO.  
2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

10. FIELD AND POOL, OR WILDCAT  
LUSK DELAWARE, WEST

660' FSL & 385' FEL, UNIT LETTER P.

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

SEC. 30, T-19-S, R-32-E

14. PERMIT NO.  
30-225-32251

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
GR-3538'

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

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☐  
☐  
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PULL OR ALTER CASING

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☒  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

WATER SHUT-OFF

☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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(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.)\*

AS PER CONVERSATION BETWEEN MR. SHANON SHAW AND MR. DAVE HOLLOWAY ON JULY, 2, 1993, WE WILL NOT RUN AN AUTOMATIC REMOTE-CONTROLLED CHOKE ON THIS WELL. WE WILL HAVE INSTALLED AND TESTED TWO MANUAL, H2S TRIMMED, CHOKES.

ANY QUESTIONS CONCERNING THESE PLANS SHOULD BE DIRECTED TO MR. DAVE HOLLOWAY AT (915) 688-4610.

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

SIGNED

C.R. Roachman / CWR

TITLE

DRILLING OPERATIONS MANAGER

DATE

07-02-93

(This space for Federal or State office use)

APPROVED BY

Orig. Signed by Shannon J. Shaw

TITLE

PETROLEUM ENGINEER

DATE

JUL 08 1993

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side