

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN 11  
(Other instructions  
reverse side)

Form approved  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-56749

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal (USA) "L"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Tonto-Seven Rivers

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

Section 14, T-19-S,  
R-33-E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Texaco Producing Inc.

3. ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface

2310' FSL & 1650' FEL (Unit Letter J)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ET, GR, etc.)

3689' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Drilling Permit Extension

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Texaco Producing Inc. requests that an extension be granted for the drilling permit on this well. Drilling bids have been received but it may not be possible to spud before April 22, 1989 when the current permit expires.

APPROVED FOR 12 MONTH PERIOD  
ENDING 4/19/90

RECEIVED  
APR 14 11 06 AM '89  
OASIS  
AREA 11

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

SIGNED

L. J. Seeman

TITLE

District Petroleum Engineer

DATE

4/12/89

(This space for Federal or State office use)

APPROVED BY

Samuel Shaw

FOR

MANAGER OF DISTRICTS

DATE

4-20-89

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side