

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-029519 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Texaco 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

330 FNL, 330 FEL, Sec 34, T20S, R34E

14. PERMIT NO.

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

3718' DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

B.V. Lynch "A" Fed.

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Lynch Yates 7-Rivers

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

Sec. 34, T20S, R34E

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:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Casing - Test

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.) *

1. Notify BLM at 393-3612 (Mr. Walter Cox)
2. Move in, rig up. IBOP.
3. Pull production equipment.
4. Set RBP 30' above open hole at 3648' (OH 3673-98)
5. Load hole with brine water and pressure to 500 psi for 15 minutes. Run chart during test.
6. Rig down.

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

397-3571

SIGNED

TITLE

Hobbs Area Superintendent

DATE

11-14-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

11-29-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side