

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
Budget Bureau No. 1004-C-3  
Expires August 31, 1985

RECEIVED

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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Texaco Inc.

3. ADDRESS OF OPERATOR  
PO 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, T-20-S, R-34-E

5. LEASE DESIGNATION AND SERIAL NO.  
LC-029519 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
B. V. Lynch "A" Federal

9. WELL NO.  
12

10. FIELD AND POOL OR WILDCAT  
Lynch Yates Seven Rivers ~~Section~~

11. SEC., T., E., M., OR BLK. AND SURVEY OR ALMA  
Sec. 34, T20S, R34E

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

14. PERMIT NO.  
3718' DF

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

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Shut-In

(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.)\*

REMARKS:

- 1) Well Status - Shut-In.
- 2) Temporary Abandonment Date - June 12, 1987.
- 3) Reason For Abandonment - Uneconomical to Produce.
- 4) Future Plans - Held Pending Sale.
- 5) Date of Expected Sale - First Quarter 1989.

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

SIGNED J.A. Head Dow TITLE Hobbs Area Superintendent DATE Oct. 4, 1988

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 10 26 88

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side