

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
reverse side)

Form approved  
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Texaco Inc.	8. FARM OR LEASE NAME Saunders "K" St. Gas Com
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, NM 88240	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 760' FSL & 1980 FEL, Unit Letter O	10. FIELD AND POOL, OR WILDCAT Eumont-Gas
14. PERMIT NO. --	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 18, 19S, 37E
15. ELEVATIONS (Show whether DF, ST, CR, etc.) 3709' DF	12. COUNTY OR PARISH Lea
	13. STATE NM

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)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other) Casing Connections	X

(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.)

Riser on 8 5/8" OD and 4 1/2" OD casing brought to surface.

Inspected by Jack Griffin on 06/18/86

RECEIVED

JUL 24 1986

HOBBS, NEW MEXICO

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

SIGNED [Signature] TITLE District Admin. Supervisor DATE 07/09/86  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

JUL 29 1986

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AUG 1 1986  
HOBBS SERVICE