

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL

NM61608

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lea County Prospect

9. WELL NO.

10. FIELD AND FOOT OR SURFACE
San Andres

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

5-21S-37E

12. COUNTY OR PARISH 13. STATE

Lea

NM

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TEXAKOMA OIL & GAS CORPORATION

3. ADDRESS OF OPERATOR

12801 N. Central Expwy., Suite 250, Dallas, TX 75243

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

3329' FNL & 760' FEL

14. PERMIT NO.

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

3478.6' GL

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)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

X

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.) *

TAG PLUG

Set CIBP @3900' + . Dump 35' cmt on top. Base salt @ 2650' # . Cmt plug from 2700 - 2650'. Top salt 1460' + . Cmt. plug from 1460-1340'. Surface plug from 0-50'. Place well marker 4" pipe 4' above ground level with Operator Name, NM61608 & legal description.

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

SIGNED

TITLE Agent

DATE 05/09/88

(This space for Federal or State office use)

APPROVED BY

TITLE AREA MANAGER
CARLSBAD RESOURCE AREA

DATE 5-24-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
MAY 27 1988
OCD
HOBBS OFFICE