

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
M. OIL GENS. COMMISSION

Expires August 31, 1985

SUNDRY NOTICES AND REPORTS
HOBBS NEW MEXICO

(Do not use this form for proposals to drill or to deepen or plug back to a different interval. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-61608	
2. NAME OF OPERATOR TEXAKOMA OIL & GAS CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 9319 LBJ Freeway, Suite 120, Dallas, TX 75243		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 3329 feet from the north line and 760 feet from the east line, Section 5, Township 21S, Range 37E, NMPM		8. FARM OR LEASE NAME Lea County Prospect	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3478.6' GL		10. FIELD AND POOL, OR WILDCAT San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T21S, R37E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

10/27/85 MIRU Service unit & NU BOPS, TOH W/TBG & CIRC HOLE W/2% KCL, RU & SPOT 250 GALS ACETIC ACD, TOH W/TBG, RU WL & PF 4203-4229' W/3-1/8" SELECT FIRE CSG GN W/1 SPF, TIH W/TBG & PKR, SET PKR APPROX 4050' & ACD W/2500 GALS 15% HCL & ADDITIVES USING 24 BS, PRESENTLY SWBG LOAD BACK.

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

SIGNED

TITLE

Agent

DATE 11/25/85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 2 1985

*See Instructions on Reverse Side