

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Texaco Producing Inc.		8. FARM OR LEASE NAME Federal Sand 18	
3. ADDRESS OF OPERATOR P.O. Box 730, 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 Unit Letter H, 1980' FNL & 660' FEL		10. FIELD AND POOL, OR WILDCAT Undesignated Delaware	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3601' GL	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 18, T-23-S, R-32-E	
		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:		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) Temporarily Abandon		(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.)*

Permission is requested to shut-in the subject well which is the only well on the lease. A workover attempt in the Delaware was unsuccessful. Current plans are to investigate any recompletion potential, farm-out, sell or plug and abandon the lease. Permission is requested to shut-in until these plans can be finalized.

APPROVED FOR 6 MONTH PERIOD

ENDING 12/31/91

18. I hereby certify that the foregoing is true and correct		T. W. Moehlenbrock	
SIGNED <u>T. W. Moehlenbrock</u>	TITLE <u>Production Engineer</u>	DATE <u>06/10/91</u>	
(This space for Federal or State office use)			
APPROVED BY <u>[Signature]</u>	TITLE <u>PRODUCTION ENGINEER</u>	DATE <u>8-1-91</u>	
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side