

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TYPE  
(Other instruct  
verse side)ICATE\*  
on re-Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 011827

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "20"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Jalmat (Oil)

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

Sec 20, T-23-S R-36-E NMPM

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

## 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

Tahoe Oil &amp; Cattle Co.

3. ADDRESS OF OPERATOR

4402 W. Industrial Midland, Tx. 79703

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

At surface

990 FSL &amp; 2310 FWL Section 20

14. PERMIT NO.

NA

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

3458 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 COMPLETE

ABANDON\*

CHANGE PLANS

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) *Change of Operator*

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.)\*

*Change operator from E.O.B. Energy Corporation  
to Tahoe Oil & Cattle**Designation of Operator sent March 27, 1984.*

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

SIGNED

*DeAnne A. Young*

TITLE

*Production Secretary*

DATE

*04-11-84*

(This space for Federal or State office use)

APPROVED BY *[Signature]*

TITLE

AREA MANAGER  
*DAVID L. RESNICK*

DATE

*4-19-84*

CONDITIONS OF APPROVAL, IF ANY: