SUNDR (Do not use this form Use  I.  OIL GAS WELL  2. NAME OF OPERATOR  TEXA O INC 3. ADDRESS OF OPERATOR  P. O BOX 700  4. LOCATION OF WELL (REPOR	PEPARTM. TOF T BUREAU OF LAND M Y NOTICES AND In for proposals to drill or to "APPLICATION FOR PERM OTHER	REPORTS O	N WELLS  the to a different reservois	TCATE® Budg Expi  5. LEARE I  N M  6. IF INDIA  7. UNIT AG  8. FARM OF  FEDE  9. WELL IN	REEMENT NAME  LEASE NAME  RAL (USA)  O.  AND POOL, OR WILD	985 BRIAL NO. L SIBE NAME
See also space 17 below.) At surface  660 FSL & 1	200 FWL (UNI	T LETTER		DRINA 11. and, t. auav SEC 3	BRUNSON CARD ABC TOR ARMA TOR PARISE 18. 8	R-38E
<i>30-0</i> 25- <i>3</i> 0283	KB	3372.5	•	LEF	A NEW	MEXICO
	Check Appropriate Box			rt, or Other Data	· · · · · · · · · · · · · · · · · · ·	
	E OF INTENTION TO:	l l	or Honce, Repo	AUBSEQUENT REPORT	o <b>r</b> :	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  17. DESCRIBE PROPUSED OR COM proposed work. If well	PULL OR ALTER CAS MULTIPLE COMPLET ABANDON® CHANGE PLANS		(Note: Report Completion or	OTICE ASSERTA  T results of multiple of Recompletion Report	REPAIRING WELL ALTERING CASING ABANDONMENT* CE CASING COmpletion on Well and Log form.)	
proposed work. If well nent to this work.) •	is directionally drilled, give	subsurface location	s and measured and tru	e vertical depths for	all markers and ac	nes perti-
RAN 32 JTS CEMENTED	I AT 6:30 P.I E AT 3:30A. 11314" 42", H D w/2000 SX 754 SXS C	M- 3-7-8 -40 STC S <i>CLASS</i>	CASING . 5 'H' 2% (	SET @ 1355	#FLOCELE 11.87 M 189	RECEIVED
8. I hereby certify that the fo	oregoing is true and correct	TITLE ARE	A SUPERINTENDEN	T DATE	MAR 2 4 19	39
(This space for Federal or	State office use)		•	/ ^ ^ = = = = = = = = = = = = = = = = =		N. C.
APPROVED BY		TITLE		ACCEPTED <b>DATE</b>	FOR RECO	RD
CONDITIONS OF APPROV	'AL, IF ANY:			AFR	<b>3</b> 1989	

\*See Instructions on Reverse Side

SJS CARLSBAD, NEW MEXICO

APF 5 13(3)

OCO HOBES OFFICE