

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons.
N.M. Div-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT --" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well: ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. PO BOX 3109, MIDLAND, TX 79702 915-688-475

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter K : 2180 Feet From The SOUTH Line and 2310 Feet From The

WEST Line Section 19 Township 23-S Range 32-E

5. Designation and Serial No.

NM-18848

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number
SDE '19' FEDERAL

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9. API Well No.
30-025-32909

10. Field and Pool, Exploratory Area
TRISTE DRAW DELAWARE WEST

11. County or Parish, State
EDDY, NM
LCA

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Attering Casing
☒ OTHER: squeeze
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

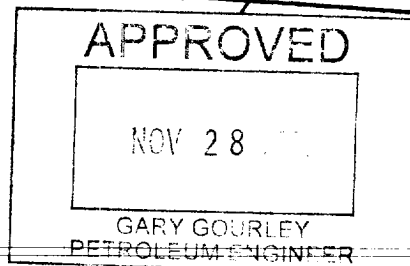
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. 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.)

TEXACO INTENDS TO SQUEEZE THE DELAWARE PERFS AND RETURN TO PRODUCTION IN THE BONE SPRINGS AT A FUTURE DATE.



APPROVED FOR 12 MONTH PERIOD
ENDING 11/28/02



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

SIGNATURE J. Denise Leake TITLE Engineering Assistant

DATE 10/25/01

TYPE OR PRINT NAME J. Denise Leake

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL IF ANY: TITLE DATE

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

