Form 3160-5 (June 1990)

representations as to any matter within its jurisdiction.

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

N.M. OIL COMMISSION P.O. BOX 1. D HORBS NEW MEXICO 88240

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

	Expires. March 31, 1993	
SUNDRY NOTICES AND REPORTS ON WELLS	5. Lease Designation and Serial No. NM-0559539	
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.	6. If Indian, Alottee or Tribe Name	
Use "APPLICATION FOR PERMIT" for such proposals	7. If Unit or CA, Agreement Designation	
SUBMIT IN TRIPLICATE	The state of the s	
T AN ALWARD TO OIL TO GAS TO	8. Well Name and Number	
Type of Well: OIL GAS OTHER	SANDS '18' FED COM	
Name of Operator TEXACO EXPLORATION & PRODUCTION INC.	21/1	
Address and Telephone No. P.O. Box 46510, Denver Colorado 80201-6510 (303)621-48	9. API Well No. 30-025-33049	
Location of Well (Footage, Sec. J., R., M., or Survey Description)	10. Field and Pool, Exploratory Area	
t Letter O: 660 Feet From The SOUTH Line and 1980 Feet From The	TRISTE DRAW WEST/SAND DUNES SO. BONE SPR	
ST Line Section 18 Township 23-S Range 32-E	11. County or Parish, State	
ST Line Section 18 Township 23-S Range 32-E	LEA , NM	
Check Appropriate Box(s) To Indicate Nature of Notice, F	Report, or Other Data	
TYPE OF SUBMISSION	TYPE OF ACTION	
Abandonment	Change of Plans	
Recompletion	New Construction	
Notice of Intent Plugging Back	Non-Routine Fracturing	
Subsequent Report Casing Repair	Water Shut-Off	
Altering Casing	Conversion to Injection	
Final Abandonment Notice OTHER:	Dispose Water	
!	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)	
 P&A APPROVED PER BLM REPRESENTATIVE SHANNON SHAW ON 5/22/96. MIX MUD TO RAISE VISCOSITY TO 38 SEC/QT MW 8.5 PPG. 05-23-96 MIX, PUMP AND DISPLACE 55 SACKS CLASS H CEMENT FROM 8792-8592'. ZONES COVERED WERE THE BONE SPRINGS AND THE BRUSHY CANYON. PULL AND LAY DOWN 123 JTS DRILLPIPE TO 4650'. MIX, PUMP AND DISPLACE 45 SACKS CLASS H CEMENT W/ 2% CACL F/4650-4550' @ THE TO TAGE OF THE TO THE THE TO THE THE TO THE THE TO THE THE TO THE T	· · · · · · · · · · · · · · · · · · ·	
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14 Thereby certify that the toregoing is true and correct 15 A STATE Find Assistant.	DATE	
SIGNATURE C.P. Basham / Sect TITLE Eng. Assistant.	DATE	
14 Thereby certify that the foregoing is true and correct SIGNATURE C.P. Saskan / Sect TITLE Eng. Assistant. TYPE OR PRINT NAME Sheilla D. Reed-High This space for Federal or State office usel	DATE	