

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Budget Bureau No. 1004-0125
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-029420 (b) 032452-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ Injection Well

2. NAME OF OPERATOR

TEXACO Producing Inc.

3. ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, New Mex. 88240

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

Unit letter P, 660 ft from the South line and 660
ft from the East line

14. PERMIT NO

30-025-10679

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

3305

7. UNIT AGREEMENT NAME

Skelly Penrose "A" Unit

8. FARM OR LEASE NAME

9. WELL NO.

59

10. FIELD AND POOL OR WILDCAT
Langlie Mattix Seven
Rivers Queen

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

9-23S-37E

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:

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) ☐

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 perti-
nent to this work.) *

SEE ATTACHMENT

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

SIGNED

W.B. Uhl

TITLE Dist. Opr. Mgr.

DATE 12-15-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

12-31-85

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side