

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

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 Producing Inc.

3. Address and Telephone No.
P.O. Box 730, Hobbs, NM 88240 (505) 393-7191

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letter D, 990' FNL & 330' FWL, Sec. 19, T25S, R38E

5. Lease Designation and Serial No.

NM0349956

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. *Federal*
C. E. Penny NCT-4 #5

9. API Well No.
30-025-12417

10. Field and Pool, or Exploratory Area

Justis Ellenburger

11. County or Parish, State

Lea County, New Mexico

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
☐ Altering Casing
☐ Other

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection

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

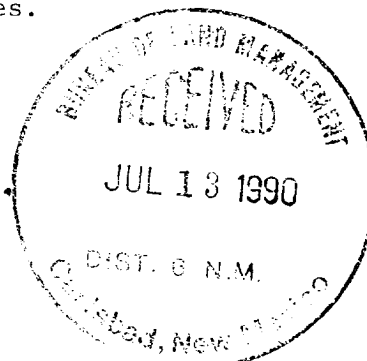
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Casing Integrity Test. Ellenburger completion 7662-7970'.

- 1) Set CIBP @ 7610'. Dump bail 35' of cmt on top.
- 2) Fill hole with inhibited water.
- 3) Pressure test casing to 500 psi for 15 minutes.

P.S.

NOTIFY BLM PRIOR TO PRESSURE TESTING.
AND FURNISH BLM WITH THE PRESSURE
TEST CHART.



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

Signed

[Signature]

Title

Area Manager

Date

07/12/90

(This space for Federal or State office use)

Approved by

[Signature]

Title

PERMIT

Date

7-16-90

Conditions of approval, if any: