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Form 3160-5 L (June 1930) DEPARTME	TED STATES N.M. OIL CONS. MAN NT OF THE INTERIOR P.O. BOX 1980	ISSION FORM APPROVED Budget Bureau No. 1004-0135		
BUREAU OF	Expires: March 31, 1993 8622490: Designation and Serial No. NM - 7488			
SUNDRY NOTICES Do not use this form for proposals to d Use "APPLICATION FO	6. If Indian, Allottce or Tribe Name			
SUBMI	7. If Unit or CA, Agreement Designation MYERS LANGLIE MATTIX UNIT			
2. Name of Operator	8. Well Name and No. MLMU #204			
Texaco Exploration and Production	9. API Well No.			
3. Address and Telephone No. P.O. Box 730, Hobbs, NM 88240	30-025-26971 10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R., M., or Survey D	Langlie Mattix 7R Q Gb			
Unit Letter C, 660' FNL & 1980' FW Sec 7, T-24-S, R-37-E	11. County or Parish, State Lea Co, NM			
12. CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	· · ·		
Notice of Intent	Abandonment Recompletion	Change of Plans		
Subsequent Report	Plugging Back Casing Repair	Non-Routine Fracturing Water Shut-Off		
Final Abandonment Notice	Altering Casing Other Casing Integrity Test	Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well		
13. Describe Proposed or Completed Operations (Clearly state a give subsurface locations and measured and true veri	I Il pertinent details, and give pertinent dates, including estimated date of startin cal depths for all markers and zones pertinent to this work.)*	Completion or Recompletion Report and Log form.) ag any proposed work. If well is directionally drilled		
01-31-81: set packer at 3306 11-24-93: Test to 540 psi for	· .			
Request Temporary Abando	on Status			
(Copy of chart on back side	e)			
	TAPPROTO 12 12 ENDING 1/20/95	RIOD		
14. I hereby certify that the foregoing is true and correct Signed R.T. McNaug (This space for Federal or State office use) (ORIG. SCD.) JOE G.		<u>Detc12-06-93</u>		
Conditions of approval, if any:	knowingly and willfully to make to any department or agency of the United			

*See	instruction	on	Reverse	Side	

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