

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

SUBMIT IN TR
(Other instructi
verse side)
COMMISSION

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS 80240 <small>(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.)</small>		5. LEASE DESIGNATION AND SERIAL NO. LC-032545-B 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Myers Langlie Mattix Unit 9. WELL NO. 258 10. FIELD AND POOL, OR WILDCAT Langlie Mattix 7 Rivers Qn. 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-23-S, R-37-E 12. COUNTY OR PARISH Lea 13. STATE N.M.
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		
2. NAME OF OPERATOR Texaco Producing Inc.		
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2630' FSL & 1320' FWL, Unit Letter K		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3317 GR	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
S HOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) Drilling Permit Extension <input checked="" type="checkbox"/>		(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 pertinent to this work.)*

The drilling permit for this well is due to expire on 3/11/89. Budget restraints have prevented the drilling of this well and we respectfully request a one-year extension on the drilling permit.

APPROVED FOR 12 MONTH PERIOD
ENDING 03-11-90

RECEIVED
FEB 27 9 03 AM '89
CARTER AREA

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

SIGNED <u>L. J. Seeman</u>	TITLE <u>Dist. Petroleum Engineer</u>	DATE <u>2/24/89</u>
<small>(This space for Federal or State office use)</small>		
APPROVED BY _____	TITLE _____	DATE <u>3-20-89</u>

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side