

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on
side)

N.M. OIL CONS. COMMISSION

BOX 1988

HOBBS, NEW MEXICO 88240

NM-14331

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		8. FARM OR LEASE NAME BILBREY 30 FEDERAL	
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702		3a. AREA CODE & PHONE NO. (915) 688-4620	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL, 560' FWL, UNIT LETTER L.		10. FIELD AND POOL, OR WILDCAT LOST TANK DELAWARE	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 30, T-21-S, R-32-E	
14. PERMIT NO. API NO. - 30-025-31711	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3701'	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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) EXTEND DRILLING PERMIT <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.)*

DUE TO DRILLING PRIORITY, THIS WELL WILL NOT BE SPUDDED BEFORE THE AUGUST 21, 1994 EXPIRATION DATE.
PLEASE EXTEND THIS DRILLING PERMIT FOR AN ADDITIONAL YEAR.

12
8/21/95

RECEIVED
JUL 11 20 AM '94
OIL & GAS
AREA

18. I hereby certify that the foregoing is true and correct			
SIGNED	<u>C.P. Bashem/cws</u>	TITLE	<u>DRILLING OPERATIONS MANAGER</u>
		DATE	<u>07-07-94</u>
(This space for Federal or State office use)			
APPROVED BY	<u>(ORIG. SGD.) JOE G. LARA</u>	TITLE	<u>PETROLEUM ENGINEER</u>
CONDITIONS OF APPROVAL, IF ANY:		DATE	<u>8/16/94</u>

*See Instructions on Reverse Side

RECEIVED

AUG 17 1944

U.S. ARMY
OFFICE

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UNITED STATES
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BUREAU OF LAND MANAGEMENT

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side)

BLM Roswell District
Modified Form No.
NMO60-3160-4

5. LEASE DESIGNATION AND SERIAL NO.
NM-14331

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 ☐

2. NAME OF OPERATOR
TEXACO EXPLORATION AND PRODUCTION INC.

3. ADDRESS OF OPERATOR
P. O. Box 3109, Midland, TX 79702

3a. AREA CODE & PHONE NO.
(915) 688-4620

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1650' FSL, 560' FWL, UNIT LETTER L.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
BILBREY 30 FEDERAL

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
LOST TANK DELAWARE

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

SEC 30, T-21-S, R-32-E

14. PERMIT NO.
API NO. - 30-025-31711

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR-3701'

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) **EXTEND DRILLING PERMIT**

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

X

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 pertinent to this work.)*

**DUE TO DRILLING PRIORITY, THIS WELL WILL NOT BE SPUDDED BEFORE THE AUGUST 21, 1993 EXPIRATION DATE.
PLEASE EXTEND THIS DRILLING PERMIT FOR AN ADDITIONAL YEAR.**

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

SIGNED C.P. Basham / cwh

TITLE DRILLING OPERATIONS MANAGER

DATE 07-27-93

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE Barbara C. Cullum

DATE Aug 23 1993

*See Instructions on Reverse Side