

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM District
Form No. 3160-5
88240
P.O. BOX 3109
MIDLAND, TEXAS 79702
HOBBS

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		9. WELL NO. 3	
3a. AREA CODE & PHONE NO. (915) 688-4620		10. FIELD AND POOL, OR WILDCAT LOST TANK DELAWARE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL, 660' FWL, UNIT LETTER E.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 30, T-21-S, R-32-E	
14. PERMIT NO. API NO. - 30-025-31713	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3662'	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, 1995 EXPIRATION DATE.
PLEASE EXTEND THIS DRILLING PERMIT FOR AN ADDITIONAL YEAR.

APPROVED FOR 12 MONTH PERIOD
ENDING 8/21/96

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

SIGNED S. Wade Howard TITLE ENGINEER'S ASSISTANT DATE 07-14-95
(This space for Federal or State office use)
(ORIG. SGD.) JOE G. LARA
APPROVED BY JOE G. LARA TITLE PETROLEUM ENGINEER DATE 8/8/95
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

AUG 16 1980
OCD HOBBS
OFFICE