

N. M. O. C. G. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN
(Other Instru-
verse side)PLICATE*
as on re-Form approved
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-070869-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NONE

7. UNIT AGREEMENT NAME

NONE

8. FARM OR LEASE NAME

White Federal NCT-1

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Mason, North {Delaware}

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

Sec. 26, T-26-S, R-31-E

12. COUNTY OR PARISH

Eddy

13. STATE

N. M.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	Temporarily Abandoned
2. NAME OF OPERATOR	TEXACO Inc.
3. ADDRESS OF OPERATOR	P. O. Box 728 - Hobbs, N. M.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	Well located 1663.2' from the South Line, and 1660.9' from the from the East Line of Section 26, T-26-S, R-31-E, Eddy County, New Mexico.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
Regular	3152' (D. F.)

16. 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"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	Temp. ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

Subject well was temporarily abandoned effective 7:00 A. M. March 4, 1966,
as approved by the United States Department of The Interior, Sundry Notices
and Reports on Wells, Form 9-331 dated February 25, 1966.

RECEIVED

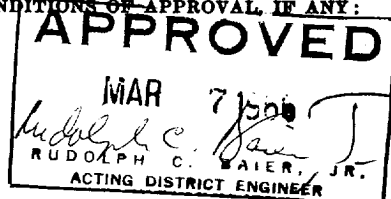
RECEIVED
MAR 7 1966
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED J. G. Blevins, Jr.
(This space for Federal or State office use)TITLE Assistant District
SuperintendentDATE March 4, 1966.APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE



*See Instructions on Reverse Side