

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-070869-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

E.D. White Fed NCT-1

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

N. Mason Delaware

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

Sec. 26, T26S, R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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 Inc.

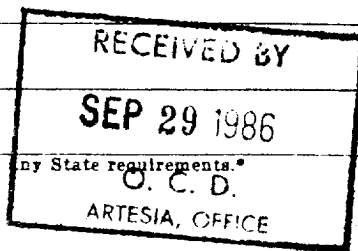
3. ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

1660.9' FEL and 1663.2' FSL



14. PERMIT NO.

30-015-05887

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

3152' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

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.)

12/01/85 Set CIBP @ 4090' in 4 1/2" casing. Dump 2 sx. cement on top. Tag T.O.C. @ 4038'. Perf. 2 holes @ 1020'.

12/02/85 Set cement retainer @ 834'. Circulate 4 1/2" x 8 5/8" annulus with 400 sx class H w/2% CaCl₂. Closed bradenhead valve and squeezed 200 sx. Spotted 10 sx cmt. 70' to surface. Cut-off wellhead & installed dry hole marker.

ILLEGIBLE

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

SIGNED

W.B. Loh

TITLE District Oper. Manager

DATE 01/27/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

9-25-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side