

**CONFIDENTIAL**  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

**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 <b>Stratigraphic Test</b>  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>MM0135121</b>                      |
| 2. NAME OF OPERATOR<br><b>TEXACO Inc.</b>   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| 3. ADDRESS OF OPERATOR<br><b>Box 510, Farmington, New Mexico 87401</b>  |  | 7. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br><b>1900' from South Line and 660' from West Line</b> |  | 8. FARM OR LEASE NAME <b>Govt</b><br><b>MM0135121 (NCT-1)</b>                |
| 14. PERMIT NO.  |  | 9. WELL NO.<br><b>1</b>  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>5394' DF</b>   |  | 10. FIELD AND POOL, OR WILDCAT<br><b>Wildcat</b>                             |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><b>Sec. 11, 30N, 15W</b> |
|   |  | 12. COUNTY OR PARISH<br><b>San Juan</b>                                      |
|   |  | 13. STATE<br><b>New Mex.</b>   |

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

SUBSEQUENT REPORT OF:

|  |  |
|--|--|
| WATER SHUT-OFF <input checked="" 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.)\*

**Spudded 1/25/68.**

**Drilled 12-1/4" hole to 316'. Cemented 306' of 8-5/8" O.D. 24# J-55 casing at 316' with 100 sacks regular cement with 2% calcium chloride added. Cement circulated. W.O.C. for 12 hours and tested casing with 650 psi. There was no drop in pressure after 30 minutes.**



**RECEIVED**

**FEB 19 1968**

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

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

SIGNED [Signature]

TITLE **District Superintendent**

DATE **2/15/68**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_