Form 9-331 (May 1963)

UNITED STATES

UNITED STATES SUBMIT IN TRIPLICATE® Of the Instructions on reverse side)

Form approved. Budget Burean No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY			NNO185121
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.)			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1.	7. UNIT AGREEMENT NAME		
OIL GAS WELL OTHER Stratigraphic Test. 2. NAME OF OPERATOR			
			8. TARM OR LEASE NAME GOVT.
TEXACO Inc.			Conta -C. A. Houck (MCT-1
3. ADDRESS OF OPERATOR			9. WELL NO.
Box 310. Farmi	Box 310, Farmington, New Mexico 87401		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			10. FIELD AND POOL, OR WILDCAT
			11. SEC., 1, E, E, OB BLK. AND SURVEY OR AREA
1930' from South Line and 660' from West Line			
			Sec. 11. 30M. 15W
14. PERMIT NO.	15. ELEVATIONS (Show w	nether DF, RT, GR, etc.)	12. COUNTY OF PARISH 15. STATE
	5384' DF		San Tues Haw Mart co
16.	and Annuaries Boy To Indi	icate Nature of Notice, Report,	or Other Pata
NOTICE	OF INTENTION TO:	S	UBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZIN	G ABANDON MENT
REPAIR WELL	CHANGE PLANS	(Other)	developed wildlights convenience for Well
(Other) (Note: Report Recorded to Completion or Re		results of multiple completion on Well ecompletion Report and Log form.) dates, impluding estimated date of starting any	
Total depth 49			
Well was drill and plugging p	ed to 4940' without rogram was set up	it encountering any as follows:	r commercial production
3350' and 37 s	cement plug from 750 mck plug from 750 mg in top of 8-5/6		sack plug from 3450' to wellhead and spot 10
Military or h			
NOTA: Verbal a	pproval from the l	JSQS and New Mexico	Oll Conservation
COMMISSI	ou was Lecetawa of	the above program	1 2/7/68
		CPENA	
	/ K	I.FIVEN	
	/ '**	-oral rol	
FEB 201968			
	\OIL	CON COM	
18. I hereby certify that the fo	oregoing is true and correct	IST. 3	
SIGNED	The The	E District Superin	tendent DATE 2 74 KA
(This space for Federal or	State office use)		
(I mis space for rederal of	was omer any		
APPROVED BY	TIT	LE	DATE
CONDITIONS OF APPROV	AL, IF ANI:		DECEMPO

*See Instructions on Reverse Side