Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
N.M. 032354

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Texas Oil & Gas Corp.

8. FARM OR LEASE NAME
Federal C

3. ADDRESS OF OPERATOR
Box 7069, Amarillo, Texas 79109

9. WELL NO.
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FNL 700' FEL, Sec. 23, T-18S, R-20E
Chaves County, New Mexico

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 23, T-18S, R-20E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4459.3 ground

12. COUNTY OR PARISH
Chaves

13. STATE
N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT 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 ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	
(Other) Cement Surface pipe ☐		(NOTE: Report results of multiple completion on Well Completion or Recompletion 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.) *

On or about Thursday, April 27, 1967, operator intends to set 1400' of 8 5/8" 24# H-40 casing and circulate cement. If cement will not circulate, cementing will be accomplished by macoroni squeezing.

RECEIVED
APR 3

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

SIGNED [illegible] Woodard TITLE District Engineer DATE 4-2

(This space for Federal or State office use)

APPROVED BY [illegible] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side