| 2.**   | N 197. D. C. C. COPIS   | <del>_</del> .              |   | pt 13                   |  |
|--|---|-----------------------------|---|-------------------------|--|
| (May 1963)   |   |                             |   | u No. 42-R1424.         |  |
|  | GEOLOGICAL SURVEY   |                             | 6. IF INDIAN, ALLOTTEE  | OR TRIBE NAME           |  |
| (Do not use this for<br>T  | RY NOTICES AND REPORTS C<br>rm for proposals to drill or to deepen or plug bu<br>Jse "APPLICATION FOR PERMIT" for such pr |                             | NONE  |                         |  |
| I.<br>OIL S GAS OTHER  |   |                             | 7. UNIT AGREEMENT NAT   | st <b>r</b> ,           |  |
| WELL (45) WELL OTHER<br>2. NAME OF OPERATOR  |   |                             |   | S. FARM OR LEASE NAME   |  |
| TEXACO Inc. /  |   |                             | L. R. Mannin  | L. R. Manning "b" NCT-1 |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 728 - Hobbs, New Mexico                                  |   |                             | 9. WELL NO.<br>5  |                         |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* |   |                             | 10. FIELD AND POOL, OF  | WILDCAT                 |  |
| See also space 17 below.)<br>At surface  |   |                             | North Benson Queen Hu   |                         |  |
|  | O' from the South Line, and   |                             | 11. SEC., T., R., M., OR B<br>SULVEY OR AREA                                  | LK. AND                 |  |
| East Line of Sec   | tion 28, T-18-S, R-30-E, Edd  | y County, N. M.             | Sec. 28, T-1  | 8 6 0 20 0              |  |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)                                |   |                             | 12. COUNTY OF PARISH  |                         |  |
| Regular  | 3199' (D. F   | .)                          | Eddy  | N. M.                   |  |
| 16.  | Check Appropriate Box To Indicate N   | ature of Natice, Report, or | Other Data  |                         |  |
| NOTICE OF INTENTION TO:  |   |                             |   |                         |  |
| TEST WATER SHUT-OFF  | PULL OR ALTER CASING  | WATER SHUT-OFF              | REPAIRING W   |                         |  |
| FRACTURE TREAT   | MULTIPLE COMPLETE   | FRACTURE TREATMENT          | X ALTERING CA   | i                       |  |
| SHOOT OR ACIDIZE   | ABANDON*  | SHOOTING OR ACIDIZING       | ABANDONMEN  | T*                      |  |
| REPAIR WELL  | CHANGE PLANS  | (Other)                     | lts of multiple completion  | on Well                 |  |
| (Other)  | OMPLETED OPERATIONS (Clearly state all pertinent  | Completion or Recor         | mpletion Report and Log for   | m.)                     |  |
|  | The following work has been<br>1. Pull pump equipment.  | completed on subje          | ect well:   |                         |  |
|  | 2. Frac the existing perfo gelled fresh water, and  |                             |   |                         |  |
|  | well, recover load, Tes   |                             |   | •                       |  |
|  | <ol> <li>On 24 Hour Potential Te<br/>1967 well Pumped 11 BBL<br/>GOR - 870</li> </ol>                                     | . 011 & 45 BW.              |   |                         |  |
|  | GRAVITY - 32.2  |                             | ED  | -                       |  |
|  | RECE  | IVED                        | CE-1 1967R  | E                       |  |
|  | AUG   | 9 1957                      | ECENVED<br>AUG-81967 SUR  | ,00                     |  |
| 10. cons city that (a  | C.  |                             | E. AUG-81967 SUR<br>AUG-0GICAL MEX<br>U.S. GEOLOGICAL MEX<br>ARTESIA. NEW MEX |                         |  |
| 5163.80 3  |   | sistant District Sup        |   |                         |  |
| (This she in the   | or State office use)  |                             |   |                         |  |
| 500  |   |                             | DATE  |                         |  |
| NONDITIONS OF T  | BY SI, IF ANY:  |                             | 1/ATK   |                         |  |
| Alls   | NCINEER .   |                             |   |                         |  |
| R.L. DL  |   | on Reverse Side             |   |                         |  |
| ACTING   | See instructions  | OR ACTOR JICE               |   |                         |  |
|  |   |                             |   |                         |  |