

(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, New Mexico

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

Well located 1650' from the South Line, and 1650' from the West Line, Section 27, T-18S, R-30E, Eddy County, New Mexico.

14. PERMIT NO. _____

Regular

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

Unknown

18.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(NOTE: Report results of multiple completion on 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.) *

Total Depth - 3380'
7 5/8" O. D. Casing Cemented at 559'

Ran 3370' of 4 1/2" O. D. Casing, 9.50 LB, J-55, NEW, and cemented at 3380' with 350 Sx. Class "C" 10% Salt. Plug at 3365'. Job complete 1:00 A. M. March 17, 1964.

Tested 4 1/2" O. D. Casing for 30 minutes with 2500 P. S. I. from 12:30 A. M. to 1:00 A. M. March 18, 1964. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 2500 P. S. I. from 2:00 A. M. to 2:30 A. M. March 18, 1964. Tested O. K. Job complete 2:30 A. M. March 18, 1964.

RECEIVED

MAR 23 1964

O. C. C.
DEF

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

SIGNED

~~H. O. Raymond~~
H. O. Raymond

TITLE

Assistant District
Superintendent

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL IF ANY:

TITLE

***See Instructions on Reverse Side**