

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN
(Other inst.
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PLICATE
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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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 163971 7/12-633775	
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE	
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico		7. UNIT AGREEMENT NAME NONE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Section 28, T-18-S, R-30-E, Eddy County, New Mexico 1980' from the South Line, and 660' from the West Line.		8. FARM OR LEASE NAME L.R. Manning "B" NCT-1	
14. PERMIT NO. Regular		9. WELL NO. 9	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) Unknown		10. FIELD AND POOL, OR WILDCAT North Benson Queen	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 28 - T-18-S - R-30-E Eddy County, N. M.	
		12. COUNTY OR PARISH Eddy	
		13. STATE N. M.	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input checked="" type="checkbox"/>	FULL 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"/>		<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"/>		<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 9 7/8" Hole 2:15 P.M. Oct. 24, 1963

Ran 517' of 7" O. D. Casing, (14:00 LB), (NEW - Spiral Weld), 8-R, and cemented at 520' with 500 Sx. Regular cement. Plug at 490'. Cement circulated. Job complete 2:00 A. M. October 25, 1963.

Tested 7" O. D. Casing for 30 minutes with 600 P. S. I. from 2:30 A. M. to 3:00 A. M. October 26, 1963. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 600 P. S. I. from 5:00 A. M. to 5:30 A. M. October 26, 1963. Tested O. K. Job complete 5:30 A. M. October 26, 1963.

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NOV 8 1963
O. C. C.
ARTESIA. OFFICE

RECEIVED
NOV 6 1963
O. C. C.
ARTESIA. OFFICE

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

SIGNED W. E. Morgan
(This space for Federal or State office use)

TITLE Assistant to the District Superintendent

DATE November 5, 1963

APPROVED BY Nov 7 1963
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side