	N. 1M. O. C. C.	CUPA		
'orn- 9-331 May 1963 ;	L TED STATES DEPARTMENT OF THE INTE	(Other instructio, on	5. LEASE DESIGNATION	au No. 42–R1424.
	GEOLOGICAL SURVEY		<u>NM-033775</u>	
	DRY NOTICES AND REPORT		6. IF INDIAN, ALLOTTE	I APY
(Do not use this fo	orm for proposals to drill or to deepen or pl Use "APPLICATION FOR PERMIT_" for su	ug back to a different reservoir. ch proposals.)		
WELL CAS	OTHER		NONE	Unit C
NAME OF OPERATOR	TEXACO Inc.		8. FARM OR LEASE NAM	
ADDRESS OF OPERATOR			L.R.Manning] 9. WELL NO.	ea"B" NUT-
	P. O. Box 728 - Hobbs		15	
LOCATION OF WELL (Re See also space 17 below At surface	port location clearly and in accordance with 7.)	any State requirements.*	North Benson	
Well located West Line of	660' from the North Line, Section 28, 18-S, 30-E, Ed	and 1980' from the dy County, New Mexico	11. SEC., T., R., M., OR	BLK. AND
Regular	15. ELEVATIONS (Show whether 3440 (G.R.)	r DF, RT, GR, etc.)	12. COUNTY OR PARISE Eddy	13. STATE N. M.
i.	Check Appropriate Box To Indicat	e Nature of Notice, Report, o	or Other Data	
NC	TICE OF INTENTION TO :		SEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING	WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING C	ASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONME	NT*
REPAIR WELL	CHANGE PLANS	(Other)	with at wultiple completion	on Wall
(Other)	COMPLETED OPERATIONS (Clearly state all pert	Completion or Rec	sults of multiple completion ompletion Report and Log fo	rm.)
with 350 S	f 7" 0. D. Casing, 23:00 L x. regular neat. Plug at . January 9, 1964.	B, SEAMLESS, NEW, ANI 540 ¹ . Cement Circula	cemented at 570 ated. Job comple	te
Tested 7" 1:30 P. M. for 30 min	0. D. Casing for 30 minute January 10, 1964. Tested nutes with 600 P. S. I. fro ted 0. K. Job complete 4:	0. K. Drilled cemer m 3:30 P. M. to 4:00	nt plug and re-te P. M. January 10 1964.	sted ,
		RE IN C. C. D		
			···· •	
3. I hereby certify that t	he foregoing is true and correct	Assistant District	Tomas	אסר בריייי
SIGNED H	Raymond TITLE	Superintendent	DATE Janua	ry 13, 196
SIGNED HIT	al er State office use)		••• •••	, m
APPROWED BY	TITLE _		DATE	
COMPTTIONS OF API	PROVAL, IF ANY:		i Antonio Antonio	
0 190				
AN 22 CivitAR	NEED	. D. C. I		
JAIN BEENTEND	*See Instruct	ions on Reverse Side		
H. DISTRIC				
TING				
AC			•	