

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

SUBMIT IN TRI
(Other instruction.
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-028978 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

L. R. Manning Fed. "A"

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

North Benson Queen Gray.

11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA

28-18S-30E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1. OIL ☐ WELL GAS ☐ WELL OTHER ☒ Dry Hole

2. NAME OF OPERATOR

TEXACO Inc. ✓

3. ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, New Mexico 88240

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

660' FNL & 1980' FEL

14. PERMIT NO.

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

3448' DF

16. 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) Extension Request

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☒

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

REMARKS

1. WELL STATUS - Shut In
2. TEMPORARY ABANDONMENT DATE - April, 1967
3. REASON FOR ABANDONMENT - Dry Hole

4. FUTURE PLANS - Plug and Abandon

5. DATE OF FUTURE WORKOVER OR PLUGGING - 1976

RECEIVED

OCT 21 1975

O. C. C.
ARTESIA, OFFICE

RECEIVED

OCT - 9 1975

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Asst. Dist. Supt.

DATE 10-7-75

(This space for Federal or State office use)

TITLE

APPROVED, WELL MUST

DATE

UNLESS FURTHER APPROVED, BE PUT TO BENEFICIAL USE OR PLUGGED BY

APRIL 1 - 1976

*See Instructions on Reverse Side