

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN THE MANNER  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-033775

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NONE

7. UNIT AGREEMENT NAME

NONE

8. FARM OR LEASE NAME

L.R. Manning Fed<sup>B</sup> NCT-1

9. WELL NO.

18

10. FIELD AND POOL, OR WILDCAT

North Benson Queen

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

Sec. 27, T-18-S, R-30-E

12. COUNTY OR PARISH

Eddy

13. STATE

N. M.

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 surfaceWell located 1750' from the West Line, and 2310' from the  
North Line of Section 27, T-18-S, R-30-E, Eddy County, N. M.

14. PERMIT NO.

Regular

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

3532' (D. F.)

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) ☐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 notes perti-  
nent to this work.)\*Total Depth - 3400'  
7 5/8" O. D. Casing Cemented at 558'Ran 3390' of 4 1/2" O. D. Casing, 9.50 LB, J-55, NEW, and cemented at  
3400' with 350 Sx. Incor with 10% salt. Plug at 3385'. Job complete  
9:30 P. M. August 6, 1964.Tested 4 1/2" O. D. Casing for 30 minutes with 1500 P. S. I. from 8:00  
P. M. to 8:30 P. M. August 7, 1964. Tested O. K. Drilled cement plug  
and re-tested for 30 minutes with 1500 P. S. I. from 10:00 P. M. to  
10:30 P. M. August 7, 1964. Tested O. K. Job complete 10:30 P. M.  
August 7, 1964.

RECEIVED

AUG 13 1964

O. C. C.  
ARTESIA, OFFICE

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

SIGNED

W. E. Morgan

TITLE Assistant to the District  
Superintendent

DATE August 11, 1964.

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

\*See Instructions on Reverse Side