

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN (Other inst. verse side)
PLATES
NO. 42-PFORM APPROVED
Budget 1964 NO. 42-P
LEASE DESIGNATION AND SERIAL

NM-022775

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
TEAACO 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 560' from the West Line, and 990' from the North
Line of Section 27, T-18-S, R-30-E, Eddy County, New Mexico.

5. PERMIT NO.
1-1

6. ELEVATIONS (Show whether DF, RT, GR, etc.)
3464' (GR)

6. IF INDIAN, ALIEN OR TRIBE NAME
NONE Copy to 57.

7. UNIT AGREEMENT
NONE

8. FARM OR LEASE NAME
L.R. Manrice

9. WELL NO.
19

10. FIELD AND POOL OR WILDCAT
North Benson

11. SEC., T., R., M. & S. & SURVEY OR AREA
Sec. 27, T-18S R-30-

12. COUNTY OR PARISH STATE
Eddy

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 COMPLETION

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.)*

Total Depth - 484'

Spudded 9 7/8" Hole 2:00 P. M. October 20, 1964.

Run 472' of 7 5/8" O. D. Casing, 15.28 Spiral Weld, NEW, and cemented at 484' with 350 Sx. Incor 4% gel, and 150 Sx. Incor neat, (all with 2% CACL). Plug at 454'. Cement Circulated. Job complete 1:00 A. M. October 21, 1964.

Tested 7 5/8" O. D. Casing for 30 minutes with 600 P. S. I. from 2:00 P. M. to 2:30 P. M. October 22, 1964. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 600 P. S. I. from 3:00 P. M. to 3:30 P. M. October 22, 1964. Tested O. K. Job complete 3:30 P. M. October 22, 1964.

RECEIVED

OCT 28 1964

O. C. C.
ARTESIA OFFICE

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

SIGNED

H. D. Raymond

TITLE Assistant District
Superintendent

DATE October 22, 1964.

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

*See Instructions on Reverse Side