

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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. NM-033775	
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 Well located 990' from the North Line, and 1651' from the West Line of Section 27, T-18-S, R-30-E, Eddy, County, New Mexico.		8. FARM OR LEASE NAME L.R. Manning Fed. "B" NCT-1	
14. PERMIT NO. Regular		9. WELL NO. 20	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3556' (GR)		10. FIELD AND POOL, OR WILDCAT North Benson Queen Qdr.	
		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.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL 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"/>	

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"/>	

(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 - 1704'
10 3/4" O. D. Casing Cemented at 462'

Ran 1692' of 7 5/8" O. D. Casing, 15.28 LB, Spiral Weld, NEW, and cemented at 1704' with 800 Sx. Class "C" 4% gel with 1% CACL and 3.1 lb. salt per gal. water. Plug at 1674'. Cement Circulated. Ran Eastman Survey. Job complete 5:00 P. M. May 17, 1965.

Tested 7 5/8" O. D. Casing for 30 minutes with 1000 P. S. I. from 4:30 P. M. to 5:00 P. M. May 18, 1965. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 600 P. S. I. from 5:30 P. M. to 6:00 P. M. May 18, 1965. Tested O. K. Job complete 6:00 P. M. May 18, 1965.

RECEIVED

MAY 21 1965

O. C. C.
ARTESIA, OFFICE

RECEIVED

MAY 20 1965

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

H. L. Bellman
H. L. Bellman

TITLE

Assistant District
Superintendent

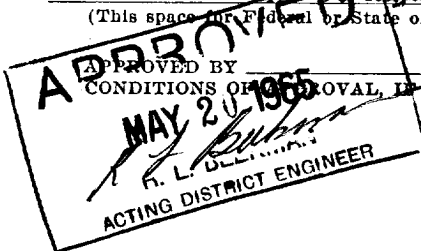
DATE

May 19, 1965

(This space for Federal or State office use)

TITLE

DATE



*See Instructions on Reverse Side