

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR CATE*
(Other instructi on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

02-586N/4025186

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Texas Oil & Gas Corp. | 8. FARM OR LEASE NAME Federal A |
| 3. ADDRESS OF OPERATOR 209 Vaughn Building, Amarillo, Texas 79101 | 9. WELL NO. 1 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL and 660' FWL Section 17, T-19-S, R-20-E, Chaves County, New Mexico | 10. FIELD AND POOL, OR WILDCAT Wildcat |
| | 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec 17, T-19-S, R-20-E |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 4720' KB 4732' |
| | 12. COUNTY OR PARISH Chaves |
| | 13. STATE New Mexico |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|----------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) Setting Conductor Pipe | |
| (Other) | | (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.)*

1. Drilled 17 1/2" hole to 143'. Set 120' of 13 3/8" casing.
Cemented with 175 sacks cement. Cement circulated.

RECEIVED

RECEIVED
APR 22 1966
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Mar W. Woodard
Mar W. Woodard

TITLE Dist. Engr.

DATE April 21, 1966

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

APR 22 1966
Rudolph C. Baier, Jr.
RUDOLPH C. BAIER, JR.
ACTING DISTRICT ENGINEER

TITLE

DATE

*See Instructions on Reverse Side