

UNITED STATES C. COPY
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(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.)

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME NONE |
| 2. NAME OF OPERATOR TEXACO Inc. | | 8. FARM OR LEASE NAME White Federal NCT-1 |
| 3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico | | 9. WELL NO. 4 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface This well is located 1663.2' from the South Line, and 1660.9' from the East Line of Section 26, T-26-S, R-31-E, Eddy County, New Mexico. | | 10. FIELD AND POOL, OR WILDCAT Mason, North (Delaware) |
| 14. PERMIT NO. Regular | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-26-S, R-31-E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3152' (D. F.) | | 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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☒CHANGE PLANS ☐

Shut Well In.

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.)*

We propose to Shut subject well in as follows:

1. Capacity of well is approximately 1 1/2 BBL Oil, and 23 BW, which is uneconomical to produce.
2. No remedial prospect exists; however the well is in a prospective secondary recovery area.
3. We plan to Shut subject well in as uneconomical to produce until secondary recovery operations are possible. This proposal subject to approval of the United States Department of The Interior Geological Survey.

RECEIVED

MAR 5 1966

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

SIGNED

J. G. Blevins, Jr.

TITLE Assistant District Superintendent

DATE February 25, 1966

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

H. L. Blevins, Jr.
ACTING DISTRICT ENGINEER

TITLE

DATE

*See Instructions on Reverse Side