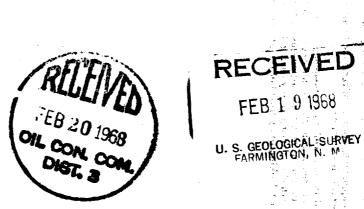
Form 9-331	UNITED STAT	UNITED STATES SUBMIT IN TRIPLICATE* Other instructions on re- DEPARTMENT OF THE INTERIOR verse side)	
(May 1963)			
	GEOLOGICAL SI		NMO185121
			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)			
(Do not use	Use "APPLICATION FOR PERMIT-	-" for such proposals.)	
1.			7. UNIT AGREEMENT NAME
OIL GAS			
2. NAME OF OPERATO			8. FARM OR LEASE NAME GOVT.
TEXACO I	ne.		-G.A. HOUCK (NCT-
3. ADDRESS OF OPER		M E	9. WELL NO.
Box 910,	Farmington, New Mex	100 57401	10
See also space 17	L (Report location clearly and in accordance below.)	10. FIELD AND POOL, OR WILDCAT	
At surface			11. SEC., T., B., M., OR BLE. AND
to the Company of the			SURVEY OR AREA
1950, II	om South Line and 66	O' from west Line	800, 11, 30N, 15W
14. PERMIT NO.	15. ELEVATIONS (She	ow whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	538	4' DF	San Jush May May to
16.	Check Appropriate Box To	Indicate Nature of Notice, Report,	or Other Data
	NOTICE OF INTENTION TO:		UBSEQUENT REPORT OF:
	UT-OFF PULL OR ALTER CASIN	G WATER SHUT-OFF	BEPAIRING WELL
TEST WATER SH FRACTURE TREAT		FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZ		SHOOTING OR ACIDIZING	
REPAIR WELL	CHANGE PLANS	(Other)	
(Other)		(Note: Report of Completion or Re	esults of multiple completion on Well ecompletion Report and Log form.)
17. DESCRIBE PROPOSI proposed work nent to this wo	. If well is directionally drilled, give su	a all pertinent details and give pertinent	dates, including estimated date of starting any vertical depths for all markers and zones perti-
Total de	pth 4940'.		
With hol	e full of drilling m	ud, spotted cement plu	ugs as follows: 100
BECK DIU	g irom 4940' to 4600	, 37 sack plug from	3450" to 3350" and
J/ BECK	bree troe (50, to 6%	O'. Cut off wellhead casing. Cemented 4"	and spotted 10 sack
ton of L	reg in cop or o-5/0	casing. Cemented 4"	ery dots animar in
top of h	ole. Completed plug	gang x/0/00.	



(0	TL CON COM	U. S. GEOLOGICAL SURVEY	
	OIST. 3	FARINIA STATE OF THE STATE OF T	
S. I hereby certify that the foregoing is true and correct SIGNED	TITLE DISTRICT Super	rintendent DATH 2/	15/68
(This space for Federal or State office use) APPROVED BY	TITLE	DATE	E a
CONDITIONS OF APPROVAL, IF ANY:	111110	DATE	. • •
*Se	ee Instructions on Reverse Side		