

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

NM-080258

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 type="checkbox"/> OTHER Water Injection		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR TEXACO INC.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico 88240		8. FARM OR LEASE NAME Federal USA "C"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL & 660' FEL of Section 15, T-17-S, R-32-E, Lea County, New Mexico		9. WELL NO. 1
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4033' (DF)		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 15, T-17-S, R-32-E
		12. COUNTY OR PARISH Lea
		13. STATE New Mexico

16. 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) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	Shut In <input checked="" 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.) *

REMARKS

1. Well Status - Shut-in injector
2. Temporary Abandonment Date - December, 1977
3. Reason for Abandonment - Water injection was abandoned
4. Future Plans - Plug and abandon
5. Date of Future Workover or Plugging - 4th Quarter, 1978

This approved for temporary abandonment on DEC 1 1978

RECEIVED
GEOLOGICAL SURVEY
HOBBES NEW MEXICO

18. I hereby certify that the foregoing is true and correct
SIGNED _____ TITLE Asst. Dist. Superintendent DATE 12-20-77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DEC 23 1977

U.S. GEOLOGICAL SURVEY
HOBBES, NEW MEXICO

*See Instructions on Reverse Side