

NEW MEXICO OIL CONSERVATION COMMISSION

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease:  
State  Fee

5. State Oil & Gas Lease No.  
**LC-032592 '6'**

**SUNDRY NOTICES AND REPORTS ON WELLS**  
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.

OIL WELL  GAS WELL  OTHER

2. Name of Operator  
**Texaco INC.**

3. Address of Operator  
**P.O. Box 728 Hobbs N.M. 88240**

4. Location of Well  
UNIT LETTER **J** **2310** FEET FROM THE **South** LINE AND **2310** FEET FROM

THE **East** LINE, SECTION **26** TOWNSHIP **24-S** RANGE **37-E** N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)  
**3193 DF**

7. Unit Agreement Name

8. Form of Lease Name  
**C.C. Friscoe B'net-2**

9. Well No.  
**12**

10. Field and Pool, or Widest  
**Justis Blinbry**

12. County  
**Lea**

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <b>Casings Leak Survey</b> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

**State Representation Eddie Seay visually inspected valves on each string of pipe**

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Harold E. Swain TITLE Head Representative DATE 8-30-77

APPROVED BY Eddie Seay TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: