

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-0559129
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Well is located 1980' from the North line and 1650' from the West line of Section 19, T-25-S, R-38-E, Unit Letter F.		8. FARM OR LEASE NAME C.E. Penny Fed. NCT-4
14. PERMIT NO. Regular		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3081' DF		10. FIELD AND POOL, OR WILDCAT Langlie Mattix
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ABBA Sec. 19, T-25-S, R-38-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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Convert to Injection (SWD)	

(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.) \*

The following work on subject well has been completed:

1. Tag bottom w/tubing and clean to TD (3415') with sand pump.
2. Ran 2-7/8" plastic coated tubing w/Guiberson tension shorty packer and set at 3230'.
3. Install wellhead, connect to SWD line and began injection.
4. Cleaned location.

*Work completed 11-12-70*

BEFORE EXAMINER OF TITANACH	
OIL CONSERVATION DIVISION	
OCD	EXHIBIT NO. 4
CASE NO.	12981

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

SIGNED

*[Signature]*

TITLE

Assistant District  
Superintendent

DATE March 31, 1971

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

APR 2 1971

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO