

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 1 APPLICATION*
(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE	
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico		7. UNIT AGREEMENT NAME NONE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well located 660' from the South Line, and 660' from the West Line of Section 35, T-26-S, R-1-E, Dona Ana County, New Mexico.		8. FARM OR LEASE NAME S. H. Weaver Federal	
14. PERMIT NO. Regular		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) Not Available		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-26-S, R-1-E	
		12. COUNTY OR PARISH Dona Ana	
		13. STATE N. M.	

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 checked="" 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"/>		(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.) *

Total Depth - 323'
Spudded 17 1/2" Hole at 8:00 P. M. October 29, 1965

Ran 310' of 13 3/8" O. D. Casing, 48.00 LB, H-40, NEW, and cemented at 323' with 250 Sx. Class "C" 2% CAOL. Plug at 295'. Cement Circulated. Job complete 1:30 P. M. October 30, 1965.

Tested 13 3/8" O. D. Casing for 30 minutes with 600 P. S. I. from 7:30 A. M. to 8:00 A. M. October 31, 1965. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 600 P. S. I. from 8:45 A. M. to 9:15 A. M. October 31, 1965. Tested O. K. Job complete 9:15 A. M. October 31, 1965.

RECEIVED

NOV 20 1965

RECEIVED
NOV 3 1965
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED <u>Dan Gillett</u>	TITLE <u>Assistant District Superintendent</u>	DATE <u>November 2, 1965</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>DISTRICT ENGINEER</u>	DATE <u>Nov 2 1965</u>
CONDITIONS OF APPROVAL, IF ANY:		