

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLA
(Other instructions on reverse side)Form Approved
Budget Project No. 42-R1424LEASE DESIGNATION AND SERIAL NO.
NM - 8848

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME None
2. NAME OF OPERATOR TEXACO Inc.		7. UNIT AGREEMENT NAME None
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME Federal (USA) "D"
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 1980' from the East Line of Section 29, T-7-S, R-9-E, Unit Letter G, Lincoln County, New Mexico.		9. WELL NO. 1
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT Undesignated
15. ELEVATIONS (Show whether DF, RT, GR, etc.) Unavailable		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-7-S, R-9-E
		12. COUNTY OR PARISH Lincoln
		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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" 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 type="checkbox"/>		<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 330'
SPUDDED 17 1/2" HOLE 7:30 P. M., April 18, 1969Ran 317' (11 Joints) 13 3/8" O. D. 48# H-40 Smls. casing and cemented @ 330' W/650 Sx. Class C Neat Cement containing 2% CaCl. Plug @ 320'. Cement circulated.
Job Complete 9:15 P. M., April 22, 1969.Tested 13 3/8" O. D. Casing W/600# for 30 minutes from 4:30 P. M. to 5:00 P. M., April 23, 1969. Tested O. K. Drilled out cement and retested W/600# from 6:00 P. M. to 6:30 P. M., April 23, 1969.
Job complete 6:30 P. M., April 23, 1969.RECEIVED
APR 30 1969
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Assistant District
Superintendent

DATE April 28, 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side