

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions  
verse side)7E-  
fe-Form approved.  
Budget Bureau No. 42-R1424  
5. LEASE DESIGNATION AND SERIAL NO.

LC-069224

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection</u>	7. UNIT AGREEMENT NAME <u>Northeast Caprock Queen Unit</u>
2. NAME OF OPERATOR <u>TEXACO Inc.</u>	8. FARM OR LEASE NAME <u>Northeast Caprock Queen Unit</u>
3. ADDRESS OF OPERATOR <u>P.O. BOX 728 - HOBBS, NEW MEXICO 88240</u>	9. WELL NO. <u>19</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>660'</u> Well is located <u>400'</u> from the North line and <u>1980'</u> from the East line of Section 21, T-12-S, R-32-E	10. FIELD AND POOL, OR WILDCAT <u>Caprock Queen</u>
11. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>Regular</u> <u>4367' (DF)</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 21, T-12-S, R-32-E</u>
12. COUNTY OR PARISH <u>Lea</u>	13. STATE <u>New Mexico</u>

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

OTHER

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Change to Water Injection SI

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

18. DISCIPLINE 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 status of this well was changed from injection to shut-in-injection effective November 11, 1970. This well is being held for additional study.

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

SIGNED

TITLE

Assistant District Superintendent

DATE

November 13, 1970

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

NOV 16 1970

\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO