

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TR  
(Other instructi  
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"/>		2. NAME OF OPERATOR TEXACO Inc.		3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' from the West Line, and 1980' from the South Line, Section 14, T-18-S, R-33-E, Lea County, New Mexico.		5. LEASE DESIGNATION AND SERIAL NO. LC-067229-A		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE		7. UNIT AGREEMENT NAME NONE		8. FARM OR LEASE NAME M. T. Keohane Federal		9. WELL NO. 2		10. FIELD AND POOL, OR WILDCAT E-K Queen		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14 - 18-s - 33-E		12. COUNTY OR PARISH Lea		13. STATE N.M.	
14. PERMIT NO. Regular				15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3954' (D.F.)																					

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 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"/>	Temporarily shut-in - Uneconomical to operate.	<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 - 4356'

Subject well has been temporarily shut in since it has become uneconomical to operate. Secondary recovery appears to be feasible and negotiations are in progress to form a secondary recovery unit. Finalization of negotiations are expected within six months. Subject well will remain shut in until secondary operations are begun.

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

SIGNED J. E. Blevins, Jr. TITLE Assistant District Superintendent

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DEC 5 1963

DATE December 4, 1963

APPROVED

J. L. GORDON

\*See Instructions on Reverse Side ENGINEER