

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0250

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

K. F. Quail - Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Lea Bone Spring

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 1, T-20-S, R-34-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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 88240 | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 600' FNL and 600' FWL, Sec. 1, T-20-S, R-34-E |
| 14. PERMIT NO. Regular | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,697' GR |

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 516'

Spudded 13-3/4" hole 6:30 AM, October 16, 1970

Ran 395' (12 joints) 11-3/4" OD 42# casing and cemented at 407' with 425 sx Class 'C' cement. Cement circulated. Plug at 372'. Job complete 1:20 PM, October 16, 1970.

Tested 11-3/4" OD casing w/600# for 30 minutes from 7:30 AM to 8:00 AM, October 17, 1970. Tested OK. Drilled out cement plug and re-tested w/600# for 30 minutes from 9:00 AM to 9:30 AM, October 17, 1970. Tested OK. Job complete 6:30 AM, October 17, 1970.

RECEIVED

OCT 20 1970

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED

Assistant District

TITLE Superintendent

DATE October 19, 1970

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 21 1970

*See Instructions on Reverse Side

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HOBBS, NEW MEXICO

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12-27-1979
OIL COMBINATION COMEX.
HOBBS, N. M.

12-27-1979

12-27-1979

12-27-1979

12-27-1979