

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

LC-033706(b)

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
2. NAME OF OPERATOR TEXACO INC.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico 88240		8. FARM OR LEASE NAME C. P. Falby "B"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FWL of Section 8, T-22-S, R-37-E, Unit Letter "L", Lea County, New Mexico		9. WELL NO. 4
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT Drinkard
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3422' (DF)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-22-S, R-37-E
		12. COUNTY OR PARISH Lea
		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"/>	Shut In <input checked="" 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"/>	

(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.)*

REMARKS

1. Well Status - Shut-In
2. Temporary Abandonment Date - 3-14-78
3. Reason for Abandonment - Not economical to operate (pumping 100% water)
4. Future Plans - Evaluate for remedial work
5. Date of Future Workover or Plugging - 1st Quarter, 1979

This approval of temporary
abandonment expires 3-13-79

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

SIGNED [Signature] TITLE Asst. Dist. Superintendent DATE March 20, 1978

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

MAR 21 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

100-100000-1
MAR 28 1978
GIL CONSERVATION COMM.
RUBEN, N. M.