

UNITED STATES  
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

SEP 28 11 38 AM '65  
GEOLOGICAL SURVEY

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-032104	
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE	
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico		7. UNIT AGREEMENT NAME NONE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well located 1980' from the South Line, and 1980' from the East Line of Section 20, T-22-S, R-38-E, Lea County, N. M.		8. FARM OR LEASE NAME A. H. Plinebry NCT-1	
14. PERMIT NO. Regular		9. WELL NO. 30	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) Not Available		10. FIELD AND POOL, OR WILDCAT Drinkard	
		11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA Sec. 20, T-22-S, R-38-E	
		12. COUNTY OR PARISH Lea	
		13. STATE N. M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)\*

Total Depth - 1370'  
Spudded 11" Hole at 2:00 P. M. September 14, 1965

Ran 1358' of 8 5/8" O. D. Casing, 17.28 LB, Spiral Weld, NEW, and cemented at 1370' with 430 Sx. Trinity Lite Wate, plus 100 Sx. Class "C" with 1% CACL. Plug at 1340'. Cement Circulated.

Temperature of mixing slurry - 90°, Strength 12 Hours - 1150 P. S. I.  
Bottom Hole Temperature - 88°, Job complete 5:30 A. M. September 16, 1965.

Tested 8 5/8" O. D. Casing for 30 minutes with 600 P. S. I. from 2:00 P. M. to 2:30 P. M. September 16, 1965. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 600 P. S. I. from 3:30 P. M. to 4:00 P. M. September 16, 1965. Tested O. K. Job complete 4:00 P. M. September 16, 1965.

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

SIGNED

*J. E. Jordan*  
J. E. Jordan

TITLE

Field Foreman

DATE

January 17, 1965

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

SEP 21 1965

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER