Form	9–3 31
(May	1963)
	(Do

Form 9-331 (May 1963)	UNITED STATES	SUBMIT IN TRIPITCATE	Form approved. Budget Bureau No. 42R1424		
	DEPARTME OF THE INTERIOR (Other instruction to recognition)		5. LEASE DESIGNATION		
	GEOLOGICAL SURVEY		LC-033706-b		
	UNDRY NOTICES AND REPORTS Of this form for proposals to drill or to deepen or plug back Use "APPLICATION FOR PERMIT—" for such prop	k to a different reservoir.	6. IF INDIAN, ALLOTTER NONE	OR TRIBE NAME	
OIL GAS			7. UNIT AGREEMENT NA. NONE	ME	
2. NAME OF OPERATO	TEXACO Inc.		8. FARM OR LEASE NAM C. P. Falby "		
3. ADDRESS OF OPER	P. O. Box 728 - Hobbs,	New Mexico	9. WELL NO.		
4. LOCATION OF WEL See also space 17 At surface	L (Report location clearly and in accordance with any Sta 7 below.)	ate requirements.*	10. FIELD AND POOL, OR Eumont	WILDCAT	
Well locat South Line	ted 660' from the West Line, and 66 of Section 8, T-22-S, R-37-E, Lea	60' from the a County, N. M.	11. SEC., T., B., M., OR BJ SURVEY OR AREA Sec. 8, T-22-		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT	, GR, etc.)	12. COUNTY OR PARISH	13. STATE	
Regular	3415' (D. F.)		Lea	N. M.	
16.	Check Appropriate Box To Indicate Nat	ure of Notice, Report, or C	Other Data		
	NOTICE OF INTENTION TO:		IDNT REPORT OF	^ <u> </u>	

٠.		Che	ck Appropriate Box to li	ndica te N	lature of Notice, Report, o	r Other D	ata		
NOTICE OF INTENTION TO:			SUBS	BEQUENT REP	ORT OF:	·			
	TEST WATER SHUT-OFF			[_
	TEST WATER SHUT-OFF	II	PULL OR ALTER CASING	<u> </u>	WATER SHUT-OFF		REPAIRI	G WELL	
	FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERIN	G CABING	
	SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDON	MENT*	X
	REPAIR WELL		CHANGE PLANS		(Other)	of the	Lower	20de	-
	(Other)				(Note: Report resu	ilts of mufiti mpletion Re	ple completi	on on Well	

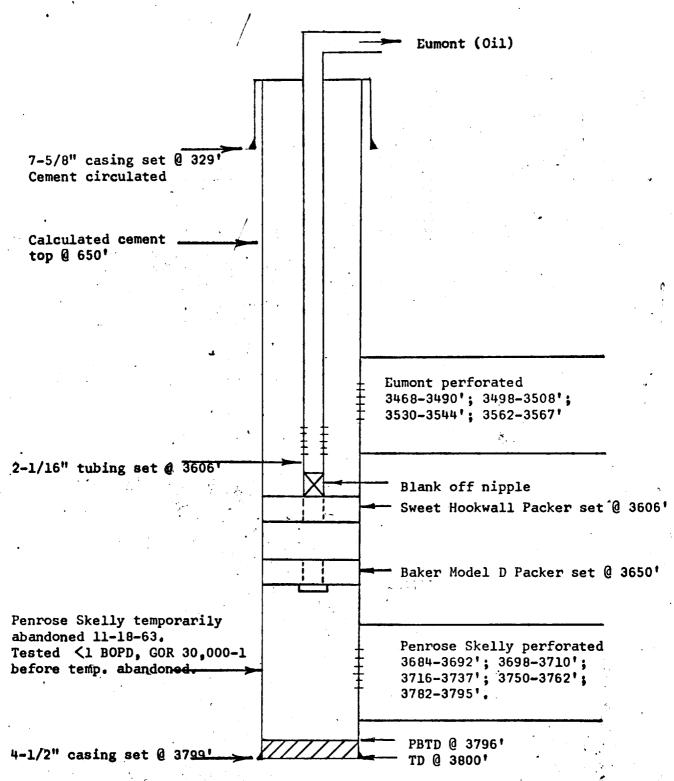
We propose to abandon the Penrose Skelly zone temporarily as follows:

- Set Sweet Hookwall Packer at 3606, with blank off nipple above packer.
- Penrose Skelly zone abandoned as of November 18, 1963, only the Eumont oil zone to be producing.
- Test Eumont Oil zone, place well on production.

18. I hereby certify that the foregoing is true and correct			B - 1 & D - 1		
SIGNED H. D. Raymond	TITLE Assistant Dis		DATE Fet	ruary 10,	<u> 19</u> 65.
(This space for Federal or State office use)				friend as	
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	APPROV	HATE		
		FEB 10 W	o orata	1 4 1513 1 4 1513 1 1 4 1513 1 1 4 1513	w.,

*See Instructions on Reverse Side

^{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.) *



TEXACO Inc.
DIAGRAMMATIC SKETCH
C. P. Falby "b" Well No. 3
Lea County, New Mexico
2-9-65