

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPE
(Other Instructions
reverse side)

2B
F-

Form approved
District Engineer No. 42 R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC-030177 - (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NONE

7. UNIT AGREEMENT NAME

NONE

8. FARM OR LEASE NAME

C. W. Shepherd "b"

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Jalmat

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

Sec. 1, T-26-S, R-36-E

12. COUNTY OR PARISH 13. STATE

Lea

N. M.

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 ☒ GAS WELL ☐ OTHER ☐

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

Well located 660' from the East Line, and 1980' from the
South Line of Section 1, T-26-S, R-36-E, Lea County, N. M.

14. PERMIT NO.

Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3002' (D. T.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

REPAIR WELL

(Other) Temporarily Abandon

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.)*

We propose to temporarily abandon subject well, effective November 1,
1966.

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

SIGNED

J. C. Flawins, Jr.

TITLE

Assistant District

DATE

October 24, 1966

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

APPROVED
OCT 24 1966
OFFICE OF THE DISTRICT ENGINEER
LEA COUNTY, NEW MEXICO