

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instruction on reverse side)Form approved,  
Budget Bureau No. 42 R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

LC-062368

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

None

7. UNIT AGREEMENT NAME

None

8. FARM OR LEASE NAME

E. Penny Fed. NCT-1

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Dollarhide Tubb Drinkard  
11. SEC., T., R., M., OR BLS. AND  
SURVEY OR AREA

Unit Letter I, Sec. 5

T-25-S, R-38-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 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surfaceWell is located 2323' from the South Line and 660' from the  
East Line (Unit letter I) of section 5, T-25-S, R-38-E, Lea  
County, New Mexico

14. PERMIT NO.

Regular

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

3134' (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) Shut Well In ☐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.) \*

Subject well was shut in effective 7:00 A. M., 8-5-68.

It is recommended that this well be reclassified from its present  
producing status to TR-0, Held for Secondary Recovery.

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

SIGNED

*W. J. Morgan*Assistant District  
TITLE Superintendent

DATE August 13, 1968

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD

*W. J. Morgan*

District Engineer

\*See instructions on Reverse Side

AUG 13 1968