

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

LC-062368 N.M. 0849952

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR TEXACO INC.	8. FARM OR LEASE NAME C. E. Penny Fed. (NCT-4)
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico 88240	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well is located 1980' FNL and 666' FWL	10. FIELD AND POOL, OR WILDCAT Langlie Mattix Seven Rivers Queen
14. PERMIT NO. Regular	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-25-S, R-38-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3078' (DF)	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"/>		<input 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) Shut-In Well	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Re-completion 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 - TR-0
2. Temporary Abandonment Date - 2/25/76
3. Reason for Abandonment - Producing 100% water
4. Future Plans - Remedial work will be performed to shut off water.
5. Date of Future Workover or Plugging - August, 1976

This approval of temporary NOV 1 1976  
abandonment expires

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

SIGNED

TITLE

Asst. Dist. Supt.

DATE

3-10-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

