

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

**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.)

<p>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <b>TEXACO Inc.</b></p> <p>3. ADDRESS OF OPERATOR <b>P.O. Box 728 - Hobbs, New Mexico 88240</b></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>Well is located 1980' from the South line and 1980' from the West line of Section 8, T-26-S, R-32-E, Unit letter L, Lea County, New Mexico.</b></p> <p>14. PERMIT NO. <b>Regular</b></p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>Not Available</b></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <b>NM-0434393-A</b></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>-</b></p> <p>7. UNIT AGREEMENT NAME <b>-</b></p> <p>8. FARM OR LEASE NAME <b>N.C. Higgins Federal</b></p> <p>9. WELL NO. <b>1</b></p> <p>10. FIELD AND POOL, OR WILDCAT <b>Undesignated</b></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 8, T-26-S, R-32-E</b></p> <p>12. COUNTY OR PARISH <b>Lea</b></p> <p>13. STATE <b>N.M.</b></p>
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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 COMPLETION <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 337'

Spudded 9-7/8" hole 12:01 A.M., August 17, 1967

Ran 325' (11 Joints) 7-5/8" O.D. 24# Smls. casing and cemented @ 337' w/280 sx. Incor. Cement circulated. Plug at 307'. Job complete 10:45 A.M., August 17, 1969.

Tested 7-5/8" O.D. casing for 30 minutes w/600# from 11:00-11:30 P.M., August 17, 1969. Tested O.K. Drilled out cement plug and retested for 30 minutes w/600# from 12:15-12:45 A.M., August 18, 1969. Job complete 12:45 A.M., August 18, 1969.

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

SIGNED *[Signature]* TITLE Assistant District Superintendent DATE August 19, 1969

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: