

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other Instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-061936 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

E. F. Ray (NCT-2)

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Paduca Delaware

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

10-25-32

12. COUNTY OR PARISH

Lea

13. STATE

N. M.

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 surface

Unit letter E, 1930 feet from the North line and 660 feet from
the West line, Section 10, Township 25S, Range 32E.

14. PERMIT NO.

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

3470' DE

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) ☐

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 perti-
nent to this work.) *

REMARKS

1. WELL STATUS - TR-O (To Be Reconditioned-Oil)
2. TEMPORARY ABANDONMENT DATE - January, 1965
3. REASON FOR ABANDONMENT - Well is not profitable to operate.

4. FUTURE PLANS - Convert to water injection well for use in the Cotton Draw
Unit waterflood project.

5. DATE OF FUTURE WORKOVER OR PLUGGING - August, 1975

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

SIGNED

TITLE Asst. Dist. Supt.

DATE 10-22-74

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

OCT 24 1974

*See Instructions on Reverse Side

JIM SIMS
ACTING DISTRICT ENGINEER