Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE (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
None

7. UNIT AGREEMENT NAME
None

8. FARM OR LEASE NAME
S. E. Jay NCT-2

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Padica Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T-25-S, R-32-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

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 surface
Well is located 1980' from the North Line and 660' from the ~~East~~ West Line of Section 10, T-25-S, R-32-E, Unit Letter E, Lea County, New Mexico.

14. PERMIT NO.
Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3470' (D. F.)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) Shut Well In	X
(Other)		(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 January 6, 1965. TEXACO's records indicate that no form 9-331 was filed showing shut in status of subject well. The well is being held for secondary recovery.

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

SIGNED [signature] TITLE ASSISTANT DISTRICT SUPERINTENDENT DATE May 1, 1969

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side