

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.)		5. LEASE DESIGNATION AND SERIAL NO. <p style="text-align: center; font-size: 1.2em;">LC-062300</p>
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection Well</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <p style="text-align: center;">TEXACO Inc.</p>		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR <p style="text-align: center;">P. O. Box 728, Hobbs, New Mexico 88240</p>		8. FARM OR LEASE NAME <p style="text-align: center;">G.E. Jordan Fed (NCT 1)</p>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit letter G, 1980 feet from the North line and 2339 feet from the East line.		9. WELL NO. <p style="text-align: center;">16</p>
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT <p style="text-align: center;">Paduca Delaware</p>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <p style="text-align: center;">3385' DF</p>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <p style="text-align: center;">28-25S-32E</p>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		12. COUNTY OR PARISH <p style="text-align: center;">Lea</p>
13. STATE <p style="text-align: center;">NM</p>		

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:																		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TEST WATER SHUT-OFF <input type="checkbox"/></td> <td style="width: 50%;">PULL OR ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> </tr> <tr> <td colspan="2">(Other) <u>Extension Request</u> <input checked="" type="checkbox"/></td> </tr> </table>	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) <u>Extension Request</u> <input checked="" type="checkbox"/>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WATER SHUT-OFF <input type="checkbox"/></td> <td style="width: 50%;">REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td colspan="2">(Other) <input type="checkbox"/></td> </tr> </table> <p style="font-size: 0.8em;">(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p>	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) <input type="checkbox"/>	
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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 - Shut In Injector
2. TEMPORARY ABANDONMENT DATE - January, 1974
3. REASON FOR ABANDONMENT - Water Injection was abandoned.

4. FUTURE PLANS - Plug and abandon

5. DATE OF FUTURE WORKOVER OR PLUGGING - 1976

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 10-7-75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

007 9 1975
[Signature]