UNLTED STATES

SUBMIT IN TRIPLICATE.

TEST WATER SHI	NOTICE OF INTENTION TO: UT-OFF PULL OR ALTER CASING WAT	SUBSEQUENT REPORT OF: TER SHUT-OFF REPAIRING WELL					
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data							
14. regular Regular	15. ELEVATIONS (Show whether DF, RT, GII, etc. 3385 (D. F.)	12. COUNTY OR PARISH 13. STATE LOA N.M.					
Well is loc East Line (County, New	eated 1980' from the North Line and 23 Unit Letter G) of section 28, T-25-S Mexico.	39 from the 11. SEC., T., R., M., OR BLE. AND					
See also space 17 At surface		Paduca Delaware					
3. Address of open P. O.	Rox 728, Hobbs, New Mexico 88240	9. WELL NO.					
2. NAME OF OPERATO TEXAC	O Inc.	8. FARM OR LEASE NAME G. E. Jordan NCT-1.					
OIL X GAS		7. UNIT AGREEMENT NAME None					
(Do not use	UNDRY NOTICES AND REPORTS ON WE this form to proposals to add! The deepen or plug back to a di	Mone					
	GEOLOGICAL SURVEY	LC-062300					
(May 1960)	DEPARTME OF THE INTERIOR VERSON	er Instruction a reside) 5. Lease designation and serial No.					

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
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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)		
(Other) Convert to	Injection	X	(Note: Report results of mu Completion or Recompletion	iltiple completion on Well 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.) •

We propose to do the following work on subject well:

- 1. Pull production rods and tubing.
- 2. Run 2 7/8" od internally plastic coated tubing and set packer @ 4520'.
- 3. Spot approx. 40 bbls. fresh water in casing annulus.
- 4. Water Injection to begin on or about September 15, 1968.

8. I hereby certify that the foregoing is true and correct	TITLE .	Assistant District Superintendent	DATEAUgust	15, 1968
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE .	AUG 15 1968	DATE	

*See Instructions on Reverse Side DISTRICT ENGINEER