

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-062300

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

G.E. Jordan Fed. (NCT-1)

9. WELL NO.

20

10. FIELD AND POOL, OR WILDCAT

Paducca Delaware

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

28  
28-25S-32E

12. COUNTY OR PARISH 13. STATE

Lea

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

1650 feet from the North line and 990 feet from the East line

14. PERMIT NO.

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

3385' DF

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) Extension Request

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 pertinent to this work.)\*

REMARKS

1. WELL STATUS - Abandoned Salvage Deferred
2. TEMPORARY ABANDONMENT DATE - January, 1974
3. REASON FOR ABANDONMENT - Producing 100% water

4. FUTURE PLANS - Plug and abandon

5. DATE OF FUTURE WORKOVER OR PLUGGING - 1976

Abandoned

DEC 1 1976

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

SIGNED

TITLE Asst. Dist. Supt.

DATE 11-13-75

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY: