

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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

None

8. FARM OR LEASE NAME

G. E. Jordan NCT-1

9. WELL NO.

20

10. FIELD AND POOL, OR WILDCAT

Paduca Delaware

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREASec. 28, T-25-S,
R-32-E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
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 located 1650' from the North Line and 990' from the East Line of Section 28, T-25-S, R-32-E, Unit Letter H, Lea County, New Mexico.	
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3385' (D. F.)

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) Shut Well In ☒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.)*

Subject well was shut in effective 7:00 A. M., September 25, 1968.
It is recommended that this well be reclassified from its present
producing status to TR-0 (To Be Reconditioned-Oil), Held for Secondary
Response. Well will be checked quarterly.

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

SIGNED

TITLE

Assistant District
Superintendent

DATE Sept. 26, 1968

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 27 1968

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER