

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.  
LEASE DESIGNATION AND SERIAL NO.

NM-14218

## 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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR TEXACO INC.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. BOX 728, HOBBS, NEW MEXICO		8. FARM OR LEASE NAME C.C. FRISTOE B NCT-2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' PSL & 660' FEL OF SECTION 26, T-24-S, R-37-E, UNIT LETTER "I", LEA COUNTY, NEW MEXICO		9. WELL NO. 2
14. PERMIT NO. REGULAR		10. FIELD AND POOL, OR WILDCAT LANGLIE MATTIX SEVEN RIVERS
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3178' (DF)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 26, T-24-S, R-37-E
		12. COUNTY OR PARISH LEA
		13. STATE NEW MEXICO

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" 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"/>	

(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.)\*

1. RIGGED UP. PULLED RODS & PUMP. INSTALL BOP. PULL TUBING.
2. SET RBP @ 3150'. TEST RBP & CSG TO 400#. TESTED O.K. SPOT 12' SAND ON PLUG.
3. LOG WELL. TOC @ 2020'.
4. PERFORATE 7" CSG W/2-JS @ 2015'. SET CEMENT RETAINER @ 1941'.
5. SQUEEZE PERFORATIONS @ 2015' W/750 SX CLASS "C" CEMENT CONTAINING 10# SALT/SX. WCC.
6. DRILL OUT CEMENT. TEST CSG W/1000# FOR 1 HR. TESTED O.K. JOB COMPLETE 3:15 P.M., 10/1/77. PULL RBP.
7. INSTALL PUMPING EQUIPMENT ON 24 HR. POTENTIAL TEST ENDING 9:45 A.M., 10/11/77, WELL PUMPED 1 BBL OIL, 27 BBL WATER, GOR TSTM.
8. RETURN WELL TO PRODUCTION.

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

SIGNED

TITLE ASSISTANT DISTRICT SUPT

DATE

10/13/77

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 18 1977

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side

RECEIVED  
OCT 17 1977  
U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO