

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.)

| | | | |
|---|--|--|--------------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. NM-14218 | |
| 2. NAME OF OPERATOR TEXACO Inc. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME - | |
| 3. ADDRESS OF OPERATOR P.O. Box 728 - Hobbs, New Mexico 88240 | | 7. UNIT AGREEMENT NAME - | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 660' FEL of Section 26, T-24-S, R-37-E, Unit Letter 'P', Lea County, New Mexico. | | 8. FARM OR LEASE NAME C.C. Fristoe 'B' Fed. NCT-2 | |
| 14. PERMIT NO. Regular | | 9. WELL NO. 3 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3175' (DF) | | 10. FIELD AND POOL, OR WILDCAT Langlie Mattix | |
| | | 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 |

18. 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 TREAT <input checked="" 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) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| 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"/> | |

(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. Rig up. Install BOP.
2. Clean out to 3472' (TD).
3. Set pkr. @ 3200'. Frac open hole section 3242-3472' w/7500 gals 28 HCl acid, 6000 gals 5% HCl flush and 15,000 gals water frac-30 in 3 equal stages using 360# rock salt & 240# Benzoic Acid Flakes after 1st and 2nd stage.
4. Install pumping equipment, test and place on production.

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

SIGNED

TITLE **Asst. District Supt.**

DATE **1-5-78**

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

JAN 9 1978

O.A.T.

*See Instructions on Reverse Side

ACTING DISTRICT ENGINEER