

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

IC-032592 - B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

None

7. UNIT AGREEMENT NAME

None

8. FARM OR LEASE NAME

C.C. Fristoe B. Fed. NCT-3

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Jalnet Yates Gas

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

Sec. 30, T-24-S, R-37-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back or to convert to a different reservoir.
Use "APPLICATION FOR PERMIT TO DRILL OR TO DEEPEN OR TO PLUG BACK OR TO CONVERT TO A DIFFERENT RESERVOIR".)

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

Well is located 1980' from the North Line and 660' from the West Line of Section 30, T-24-S, R-37-E, Lea County, New Mexico.

14. PERMIT NO.

Regular

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

3278' (D.F.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐

PULL OR ALTER CASING

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☐
☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

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☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Shut Well In

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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., July 18, 1968.
It is recommended that this well be reclassified from its present producing status to ASD - Hold for Secondary Recovery.

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

SIGNED

[Signature]

TITLE

Assistant District
Superintendent

DATE

July 18, 1968

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

JUL 22 1968

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER