

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL  
(Other instructions  
verse side)

HOBBS OFFICE  
Form approved, C. C.  
Budget Bureau No. 62-R1424.  
DEC 22 11 48 AM '69  
LC - 032594-BE9

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 ☒ 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 South Line and 600' from the West Line of Sec. 31, T-24-S, R-37-E, Lea County, New Mexico**

14. PERMIT NO.

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

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
**None**

7. UNIT AGREEMENT NAME  
**None**

8. FARM OR LEASE NAME  
**C. C. Fristoe 'B' Fed**

9. WELL NO.  
**1**

10. FIELD AND POOL, OR WILDCAT  
**Langlie Mattix**

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA  
**Sec. 31, T-24-S, R-37-E  
Unit Letter L**

12. COUNTY OR PARISH  
**Lea**

13. STATE  
**N. M.**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>Well shut in</b>	

(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.)\*

The status of this well was changed from pumping to TR-0, effective December 17, 1969. This well is being held for secondary recovery.

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

SIGNED W. Morgan TITLE District Superintendent DATE December 19, 1969

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
DEC 22 1969  
GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side