

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC-032874-A	
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 Well located 330' from the South line and 2310' from the West line of Section 35, T-24-S, R-37-E.		8. FARM OR LEASE NAME G.L. Erwin 'A' Federal	
14. PERMIT NO. Regular		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3176' DF		10. FIELD AND POOL, OR WILDCAT Justis Blinebry	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input 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"/>	

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.)*

The following work on subject well has been completed.

1. Cut paraffin from Blinebry and Devonian strings.
2. Kill Blinebry and Devonian strings with water.
3. Ran 1-5/8" DP with packer in Devonian string. Located casing leak between 5405'-5562' (opposite Blinebry perforations).
4. Pulled drill pipe and packer.
5. Ran CIBP in Devonian string at 7000'. Dumped 5' hydromite on top of BP. PBTD is 6994'. Abandon Devonian.
6. Swab, test and return Blinebry zone to production.
7. On 24 hour test ending 10:00 A.M. December 12, 1970. Pumped 48 bbls oil and 2 bbls water. GOR 2420.
8. Clean location.

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

SIGNED

TITLE

Assistant District
Superintendent

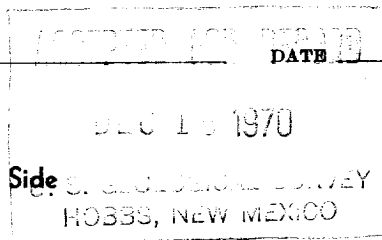
DATE **Dec. 14, 1970**

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side