

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

COPY TO O C G  
SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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

LC-057509

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, 88240		8. FARM OR LEASE NAME G. L. Erwin "B" Fed. NCT-	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 330' FEL Unit Letter "I"		9. WELL NO. 3	
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT Justis Blinebry	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3161 (DF)		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"/>	Shut-in <input checked="" type="checkbox"/>

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.)\*

REMARKS

- Well Status - Shut-in
- Temporary Abandonment Date - 1-23-79
- Reason for Abandonment - Uneconomical to produce
- Future Plans - Evaluate for remedial work
- Date of Future Workover or Plugging - 1st Quarter, 1980

*Still prod. in Fusselman*

RECEIVED

FEB 7 1979

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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

SIGNED

TITLE Asst. Dist. Superintendent

DATE 2/5/79

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
FEB 7 1979  
U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side