Form 9-331 (May 1963) UNITO STATES SUBMIT IN TRIPLIC 54 DEPARTMEN'I JF THE INTERIOR verse stde)			Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. LC-057509	
SUNDRY NC (Do not use this form for pro- Use "APPI	GEOLOGICAL SURVEY OTICES AND REPORTS O oposals to drill or to deepen or plug ba LICATION FOR PERMIT—" for such pro	N WELLS ck to a different reservoir. posals.)	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
1. 017 CMP CAS (7. UNIT AGREEMENT NAS	ME
WELL WELL OTHER			8. FARM OR LEASE NAME	
TEXACO INC.			G.L.Erwin B	Fed. NCT-2
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico 88240			3	
4. LOCATION OF WELL (Report location See also space 17 below.) At surface	on clearly and in accordance with any S	itate requirements.*	10. FIELD AND POOL, OR	•
1980' FSL, 330' FEL, Section 35, Township 24-S, Range 37-E, Unit Letter 'I', Lea County, N.M.			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S-35, T-24-S, R-37-E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, 3161' (DF')	RT, GR, etc.)	12. COUNTY OF PARISH	13. STATE New Mexico
Regular				INCW MEXICO
	Appropriate Box To Indicate No		ENT REPORT OF:	
NOTICE OF IN TEST WATER SHUT-OFF	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING	REPAIRING V Altering CA Abandonmen	ASING
(Other) Downhole Co	ommingle X	Completion or Recomple	of multiple completion etion Report and Log for	rm.)
proposed work. If well is different to this work.) *	OPPERATIONS (Clearly state all pertinent rectionally drilled, give subsurface locati		including estimated dat I depths for all markers	e of starting any 3 and zones perti-
N	MOCC Case No. 5421,	Order No. R-4972	-	-
 Drill out CIBP (Perforate Tubb- 5811', 5832', 59 Acidize perforation of 1500 gal aci- brine water beth Perforate Tubb- 7146'-7152'. Run rods and puration Test and place 	Drinkard string and mp in old Mckee str:	casing w/l JSPF @ 5881', 5921', 592 /9000 gals 15% NE Acid Flakes in 200 Abd. Mckee string ing.	5774', 5784 25' and 5941 Acid in 6 s 0 gals gelle g w/4 JSPF f	tgs d
18. I hereby certify that the foregol SIGNED (This space for Federal or State	TITLE A	sst. District Sup	t. DATE 10-	2-75

*See Instructions on Reverse Side