

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

14218

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 C. C. Fristoe B NCT-2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FEL & 700' FNL of Section 35, T-24-S, R-37-E, Unit Letter 'A', Lea County, New Mexico		9. WELL NO. 7
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT North Justis Blinbry, Tubb-Drinkard & Devonian
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3172' (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"/>	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) <input type="checkbox"/>	
(Other) Triple Downhole Commingle <input checked="" 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.) \*

1. Rig up. Install BOP. Pull rods and pump from Blinbry Zone.
2. Pull seating nipple from Blinbry string. Mill out CIBP @ 5480'.
3. Clean out to 7200'.
4. Perforate 2 3/8" Tubb-Drinkard Zone w/2 - JSPF from 7089' - 7091' to communicate with Devonian & Blinbry strings.
5. Install production equipment in Devonian String.
6. Test and place on production as triple downhole commingle North Justis Blinbry, Tubb-Drinkard & Devonian Zones.

**SECRET TO NMOC APPROVAL**

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

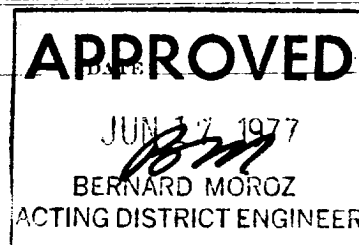
SIGNED [Signature] TITLE Asst. Dist. Supt. DATE June 13, 1977

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



U.S. DEPARTMENT OF JUSTICE

RECEIVED

JUN 21 1977

U.S. DEPARTMENT OF JUSTICE  
HUBBS, H. H.