

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

NM 10934

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 A Fed. NCT-1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FWL of Section 35, T-24-S, R-37-E, Unit Letter 'E', Lea County, New Mexico.		9. WELL NO. 1
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT Langlie Mattix Seven Rivers Queen
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3187' (GR)		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 checked="" 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) <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.) *

1. Rig Up. Install BOP.
2. Clean out to TD - 3531'.
3. Set packer @ 3250'.
4. Treat open hole section 3275-3531' w/7500 gals 28% HCL, 6000 gals 5% HCL Flush, & 15,000 gals Waterfrac -30 (WF-30) in 3 equal stages using 400 gals. Brine Water w/400# Rock Salt between stages.
5. Swab.
6. Install pumping equipment, test, and place on production.

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

SIGNED

TITLE Asst. District Supt.

DATE 11-12-76

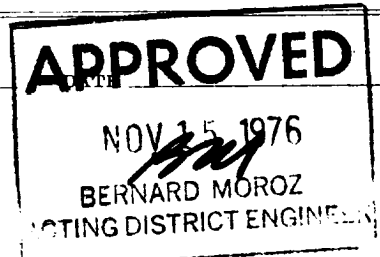
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



REVISED

1975
OIL & GAS COMM.
N. M.