Form (-311 May 1963)	UN ID STATES DEPARTMEN, OF THE INTER GEOLOGICAL SURVEY	SUDMIT IN TRIPI PR (Other instructions r NOR verse side)	e Corm oppoved. Guiges Bureau No. 42 R1+2. 5. LEA COEST ATTON AND SEATED NO. LC=032592 (a)
	DRY NOTICES AND REPORTS orm for proposals to drill or to deepen or plug Use "APPLICATION FOR PERMIT—" for such	back to a different reservoir.	T. C. ICINDIAN, ALLOTTEE OR TRIBE NAME
1. OIL CAS WELL OTHER WELL WELL OTHER 2. NAME OF OPERATOR			NONE 8. FARM OR LEASE NAME
TEXACO Inc.			C.C. Fristoe "A" NGT-2
<ul> <li>3. ADDRESS OF OPERATOR <ul> <li>P. O. Box 728 - Hobbs, New Mexico</li> </ul> </li> <li>4. CONTRON OF WELL (Report location clearly and in accordance with any State requirements.* <ul> <li>At surface</li> <li>Well located 330' from the North Line, and 330' from the East Line of Section 3, T-25-S, R-37-E, Lea County, New Mexico</li> </ul> </li> <li>14. PERMIT NO. <ul> <li>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</li> <li>Regular</li> <li>31.84' (D. F.)</li> </ul> </li> </ul>			9. WELL NO. 7 10. FIELD AND POOL, OR WILDCAT *See below 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T-25-S, R-37-E 12. COUNTY OR PARISH: 13. STATE Lea N. M.
16	Check Appropriate Box To Indicate I	Natura al Nation Provet an	
Check Appropriate Box To Indicate Nature of Notice, Report, or NOTICE OF INTENTION TO:			QUENT REPORT OF:
TEST WATER SHUT-OFF FRACTURE TREAT SHOOTR ACHDIZE REPARENELL (Order)	PULL OB ALTER CASING       MULTIPLE COMPLETE       ABANDON*       CHANGE PLANS	FRACTURE TREATMENT , SHOOTING OR ACIDIZING (Other)	C REPAIRING WELL ALTERING CASING ABANDONMENT* 25 of multiple completion on Well
17. also attal PROPOSED on a poposed work. If y nent to this work) *	eMPLETED OPERATIONS (Clearly state all pertine) rell is directionally drilled, give subsurface locs	it details and give portionet date	pletion Report and Log form.) 3, including estimated date of starting any cal depths for all markers and zones perti-

Total Depth - 3500' 13 3/8" O. D. Casing Cemented at 268'

Ran 3490' of 9 5/8" O. D. Casing, 32.00 LB., H-40, NEW, and cemented at 3500' with DV tool set at 3199'. Cement first stage with 150 Sx. Class "C" with 4% gel, 5% salt and 25 lb. Gilsonite per sx, circulated. Cement second stage with 700 Sx. TIW. Job complete 9:35 P. M. February 2, 1964.

Tested 9 5/8" O. D. Casing for 30 minutes with 1500 P. S. I. from 7:15 P. M. to 7:45 P. M. February 3, 1964. Tested O. K. Drilled cement plug and retested for 30 minutes with 1500 P. S. I. from 9:45 P. M. to 10:15 P. M. February 3, 1964. Tested O. K. Job complete 10:15 P. M. February 3, 1964.

18. I hereby certify that the foregoing is true and correct		
signed H. D. Raymond	TITLE Assistant District	DATE February 4, 1964
(This space for Federal or State office use)	AP, RO ED	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY :	TITLE FEB 4 190	DATE
	J. L. GORDON	

\*See Instruction on Revelled Singinger