

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other Instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.
LC-032592 (a)

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | | 7. UNIT AGREEMENT NAME NONE |
| 2. NAME OF OPERATOR TEXACO Inc. | | 8. FARM OR LEASE NAME C.C. Fristoe "A" NCT-2 |
| 3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico | | 9. WELL NO. 7 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 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. | | 10. FIELD AND POOL, OR WILDCAT *See below |
| 14. PERMIT NO. Regular | | 11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA Sec. 3, T-25-S, R-37-E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3184' (D. F.) | | 12. COUNTY OR PARISH Lea |
| | | 13. STATE N. M. |

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) <u>Plug Back</u> | |

(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.)*

*North Justis Blinbry, North Justis Tubb Drinkard, Wildcat (Devonian)

Total Depth - 7750'

We propose to plug back subject well as listed below, and cement two strings of 2 7/8" O. D. Casing at 6700'.

1. 35 Sx. Cement from 7650' to 7750'.
2. 70 Sx. Cement from 7250' to 7450'.
3. 70 Sx. Cement from 6700' to 6900'.

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

SIGNED

H. D. Raymond
H. D. Raymond

TITLE Assistant District
Superintendent

DATE February 25, 1964

(This space for Federal or State office use)

APPROVED

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

FEB 27 1964

DATE

J. L. GORDON

*See Instructions ACTING DISTRICT ENGINEER