

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate  
(Other instructions  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032592 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NONE

7. UNIT AGREEMENT NAME

NONE

8. FARM OR LEASE NAME

C.C. Fristoe "b" NCT-2

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Clorieta

Blinebry

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 35, 24-S, 37-E

14. PERMIT NO.

Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

Unknown

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Total Depth - 3450'  
11 3/4" O. D. Casing Cemented at 249'

Ran 3438' of 8 5/8" O. D. Casing, 24.00 LB, J-55, NEW, and cemented at 3450' with DV tool set at 3122', cemented 1st stage 150 Sx Class "C" 4% gel, 5% salt, 25 lbs. gilsonite per Sx, second stage with 700 Sx. TLW. Cement Circulated between stages. Job complete 10:15 A. M. June 14, 1964.

Tested 8 5/8" O. D. Casing for 30 minutes with 1000 P. S. I. from 7:00 A. M. to 7:30 A. M. June 15, 1964. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 1000 P. S. I. from 9:30 A. M. to 10:00 A. M. June 15, 1964. Tested O. K. Job complete 10:00 A. M. June 15, 1964.

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

SIGNED

W. E. Morgan

TITLE Assistant to the District  
Superintendent

DATE June 16, 1964.

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

JUN 17 1964

\*See Instructions on Reverse Side  
GORDON  
ACTING DISTRICT ENGINEER