

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR TEXACO Inc.	3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL & 402' FEL of Section 3, T-25-S, R-37-E, Unit letter 'P', Lea County, New Mexico	14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3147' (DF)
--	------------------------------------	--	---	---------------------------	--

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C. C. Fristoe A Fed. NCT-2

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Justis Blinebry

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

Sec. 3, T-25-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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Repair Csg leak & Addl. Perf.	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) _____	

(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. Set CIBP in 2 7/8" OD csg @ 6075' & dump 35' cement on plug. Abandon Drinkard Zone.
3. Locate csg leak & squeeze. DOC & test.
4. Perforate 2 7/8" OD csg w/2-JSPF @ 5782', 86', 5804', 09', 14', & 5819'.
5. Acidize perforations 5782' - 5819' w/1500 gal 15% NE Acid using 10 ball sealers.
6. Perforate 2 7/8" OD csg w/2-JSPF @ 5596', 5661', & 5673'. Set RBP @ 5700'.
7. Acidize perforations 5596' - 5673' w/750 gal. 15% NE Acid using 2 ball sealers.
8. Run 2 1/16" Tbg. & swab.
9. Run production equipment. Test & place on production.

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

SIGNED

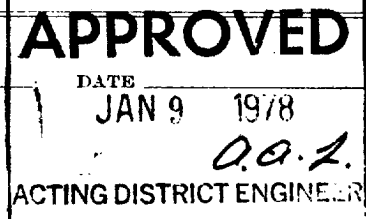
TITLE Asst. Dist. Superintendent DATE 1-5-78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

JAN 10 1978

CLC  
JAN 10 1978

APPROVED  
JAN 10 1978  
JAN 10 1978