

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instruction
verse side)

COPY TO O. C. C.

Form approved.
Budget Bureau No. 42-R1424.

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM-LC-032592 - (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NONE

7. UNIT AGREEMENT NAME

NONE

8. FARM OR LEASE NAME

C.C. Fristoe "a" NCT-2

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Justis Blinebry & Drinkar

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

Sec. 3, T-25-S, R-37-E

12. COUNTY OR PARISH

Lea

13. STATE

N. M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

P. O. Box 728 - Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surfaceWell located 990' from the South Line, and 330' from the East
Line of Section 3, T-25-S, R-37-E, Lea County, New Mexico.

14. PERMIT NO.

Regular

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

3137' (GR)

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 perti-
nent to this work.)*Total Depth - 1011'
Spudded 10 3/4" Hole at 6:00 A. M. November 6, 1964Ran 1000' of 8 5/8" O. D. Casing, 17.28, NEW, Spiral Weld, and cemented at
1011' with 400 Sx. Incor 4% gel, plus 150 Sx. Incor neat with 2% CACL. Plug
at 980'. Cement Circulated. Job complete 3:30 P. M. November 8, 1964.Tested 8 5/8" O. D. Casing for 30 minutes with 600 P. S. I. from 2:30 P. M.
to 3:00 P. M. November 9, 1964. Tested O. K. Drilled cement plug and re-
tested for 30 minutes with 600 P. S. I. from 5:00 P. M. to 5:30 P. M. November
9, 1964. Tested O. K. Job complete 5:30 P. M. November 9, 1964.

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

SIGNED

H. D. Raymond

TITLE

Assistant District
Superintendent

DATE

November 17, 1964.

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

NOV 19 1964

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER