

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. N1-05746-A
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico		7. UNIT AGREEMENT NAME NONE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well located 1980' from the South Line, and 1980' from the East Line of Section 8, T-25-S, R-36-E, Lea County, N. M.		8. FARM OR LEASE NAME C. Elliott Federal
14. PERMIT NO. Regular		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3180' (D. F.)		10. FIELD AND POOL, OR WILDCAT Jal - Strawn Gas
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-25-S, R-36-E
		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 <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) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" 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) <input type="checkbox"/>	

(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 - 11,400'  
8 5/8" O. D. Casing Cemented at 5100'

Ran 11,375' of 5 1/2" O. D. Casing, 17.00 LB, N-80, NEW, and cemented at 11,400' with 700 Sx. Trinity Lite Wate, plus 400 Sx. Class "C" neat. Plug at 11,364'. Job complete 11:45 A. M. September 25, 1965.

Tested 5 1/2" O. D. Casing for 30 minutes with 1500 P. S. I. from 6:30 A. M. to 7:00 A. M. September 29, 1965. Tested O. K. Job complete 7:00 A. M. September 29, 1965.

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

SIGNED W. E. Morgan TITLE Assistant to the District

DATE September 29, 1965

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side