

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIP  
(Other instruction, 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		5. LEASE DESIGNATION AND SERIAL NO. NM-053646-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, New Mexico.		8. FARM OR LEASE NAME C. Elliott Federal
14. PERMIT NO. Regular		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, OR, 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" 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) <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.)\*

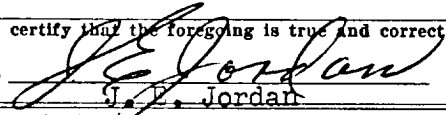
Total Depth - 5100'  
11 3/4" O. D. Casing Cemented at 370'

Ran 5093' of 8 5/8" O. D. Casing, 32.00 LB, J-55, NEW, and cemented at 5100' with 1400 Sx. Trinity Lite Wate, plus 200 Sx. Class "C" neat. Plug at 5055'. Job complete 6:30 A. M. August 29, 1965.

Tested 8 5/8" O. D. Casing for 30 minutes with 1000 P. S. I. from 4:30 A. M. to 5:00 A. M. August 30, 1965. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 1000 P. S. I. from 5:30 A. M. to 6:00 A. M. August 30, 1965. Tested O. K. Job complete 6:00 A. M. August 30, 1965.

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

SIGNED

  
J. L. Jordan

TITLE

Field Foreman

DATE

August 31, 1965

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER