

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIP  
(Other instructions  
verse side)TB  
reForm 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 TO DRILL" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.

NM-053646-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NONE

7. UNIT AGREEMENT NAME

NONE

8. FARM OR LEASE NAME

C. Elliott Federal

9. WELL NO.

1

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.

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 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.	14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, OR, etc.) Not available
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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 - 370'  
Spudded 15" Hole at 6:00 A. M. August 13, 1965

Ran 344' of 11 3/4" O. D. Casing, 23.72 LB, Spiral Weld, New, and cemented at 370' with 500 Sx. Incor neat with 2% CACL. Plug at 340'. Cement Circulated.

Temperature of mixing slurry - 82°, Strength 12 Hours - 800 P. S. I.  
Bottom Hole Temperature - 62°, Job complete 4:45 A. M. August 16, 1965.

Tested 11 3/4" O. D. Casing for 30 minutes with 600 P. S. I. from 2:00 A. M. to 2:30 A. M. August 17, 1965. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 600 P. S. I. from 3:00 A. M. to 3:30 A. M. August 17, 1965. Tested O. K. Job complete 3:30 A. M. August 17, 1965.

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

SIGNED W. E. Morgan  
W. E. MorganTITLE Assistant to the District SuperintendentDATE August 17, 1965

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

APPROVED

AUG 17 1965

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER