

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instruction
verse 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 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		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well located 989' from the East Line, and 660' from the South Line of Section 26, T-24-S, R-37-E, Lea County, New Mexico.		5. LEASE DESIGNATION AND SERIAL NO. 10-032592-"b"		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE		7. UNIT AGREEMENT NAME NONE		8. FARM OR LEASE NAME C.C. Frisroe "b" NCT-2		9. WELL NO. 10		10. FIELD AND POOL, OR WILDCAT Justis Blinberry & Justis Tubb Drinkard		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-24-S, R-37-E		12. COUNTY OR PARISH Lea		13. STATE N. M.	
14. PERMIT NO. Regular		15. ELEVATIONS (Show whether DF, RT, GR, etc.) Not available																							

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 - 1074'
Spudded 11" Hole at 6:00 A. M. August 13, 1965

Ran 1064' of 8 5/8" O. D. Casing, 17.28 LB, Spiral Weld, New, and cemented at 1074' with 300 Sx. Trinity Lite Mate, plus 100 Sx. Class "C" neat with 1% CACL. Plug at 1040'. Cement Circulated.

Temperature of mixing slurry - 78°, Strength 12 Hours - 800 P. S. I.
Bottom Hole Temperature - 72°, Job complete 3:30 P. M. August 15, 1965.

Tested 8 5/8" O. D. Casing for 30 minutes with 600 P. S. I. from 3:30 A. M. to 4:00 A. M. August 16, 1965. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 600 P. S. I. from 4:30 A. M. to 5:00 A. M. August 16, 1965. Tested O. K. Job complete 5:00 A. M. August 16, 1965.

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

SIGNED W. E. Morgan
W. E. Morgan

TITLE Assistant to the District Superintendent

DATE August 17, 1965

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____