

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIP DATE  
(Other instruction  
verse side)Form approved,  
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.  
LC-032592-b

## 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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE
2. NAME OF OPERATOR TEXACO Inc.		7. UNIT AGREEMENT NAME NONE
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico		8. FARM OR LEASE NAME C.C. Fristoe "b" NCT-2
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 North Line, and 1980' from the West Line of Section 35, T-24-S, R-37-E, Lea County, N. M.		9. WELL NO. 11
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT Justis Blinbry & Langlie Mattix
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3183' (D. F.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-24-S, R-37-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 - 5850'  
8 5/8" O. D. Casing Cemented at 971'

Langlie Mattix Zone: Ran 3589' of 2 7/8" O. D. Casing, 6.50 LB, J-55, NEW, and cemented at 3599', RA collar and 2' sub at 3011'. Plug at 3567'.

Justis Blinbry Zone: Ran 5840' of 2 7/8" O. D. Casing, 6.50 LB, J-55, NEW, and cemented at 5848', RA collar and 2' sub at 5378'. Plug at 5840'.

Cemented above strings of 2 7/8" O. D. Casing with 400 Sx. Class "C" 4% gel with FRA, plus 300 Sx. Class "C" 4% gel. Pump plugs down with 500 gals acetic acid. Tested with 2000 P. S. I. for 30 minutes from 3:00 P. M. to 3:30 P. M. February 26, 1965. Tested O. K. Job complete 3:30 P. M. February 26, 1965.

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

SIGNED

H. D. Raymond

TITLE

Assistant District  
Superintendent

DATE March 2, 1965.

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

MAR 3 1965

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER