

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE
(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-032592 - b	
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 North Line, and 1980' from the West Line of Section 35, T-24-S, R-37-E, Lea County, N. M.		8. FARM OR LEASE NAME C.C. Fristoe "b" NCT-2	
14. PERMIT NO. Regular		9. WELL NO. 11	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3168' (GR)		10. FIELD AND POOL, OR WILDCAT Justis Blinbry	
		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:		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"/>	

(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 - 971'
Spudded 11" Hole at 1:00 P. M. February 7, 1965

Ran 962' of 8 5/8" O. D. Casing, 17.28 LB, Spiral Weld, NEW, and cemented at 971' with 300 Sx. Incor 4% gel, plus 150 Sx. Incor neat with 2% CACL. Plug at 940'. Cement Circulated. Job complete 8:20 P. M. February 8, 1965.

Tested 8 5/8" O. D. Casing for 30 minutes with 600 P. S. I. from 1:30 P. M. to 2:00 P. M. February 9, 1965. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 600 P. S. I. from 2:15 P. M. to 2:45 P. M. February 9, 1965. Tested O. K. Job complete 2:45 P. M. February 9, 1965.

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

SIGNED

H. D. Raymond

TITLE

Assistant District Superintendent

DATE February 9, 1965.

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE