

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP
(Other instruction
verse side)ATE*
1 re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032618-"b"

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NONE

7. UNIT AGREEMENT NAME

NONE

8. FARM OR LEASE NAME

I. B. Ogg "b" NCT-2

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Jalmat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 11, T-25-S, R-36-E

12. COUNTY OR PARISH

Lea

13. STATE

N. M.

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"/>	14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3168' (GR)
2. NAME OF OPERATOR TEXACO Inc.	16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico	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"/>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well located 1654' from the East Line, and 330' from the North Line of Section 11, T-25-S, R-36-E, Lea County, New Mexico.	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.)*

Spudded 8 3/4" O. D. Hole at 6:00 A. M. July 30, 1965
Total Depth - 1224'
7" O. D. Casing Cemented at 1224'

Ran 1211' of 7" O. D. Casing, 20.00 LB, J-55, NEW, and cemented at 1224' with 500 Sx. Incor with 1% CACL. Plug at 1200'. Cement Circulated.

Temperature of mixing slurry - 82°, Strength 12 Hours 1000 P. S. I.
Bottom Hole Temperature 80°, Job complete 7:15 P. M. July 31, 1965.

Tested 7" O. D. Casing for 30 minutes with 600 P. S. I. from 7:15 A. M. to 7:45 A. M. August 1, 1965. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 600 P. S. I. from 9:00 A. M. to 9:30 A. M. August 1, 1965. Tested O. K. Job complete 9:30 A. M. August 1, 1965.

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

SIGNED

W. E. Morgan
W. E. MorganTITLE Assistant to the District
Superintendent

DATE August 3, 1965

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

AUG 3 1965

DISTRICT ENGINEER

*See Instructions on Reverse Side