

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR
(Other instructi
verse side)CATE*
on re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032592-'b'

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C.C. Fristoe 'B' Fed. NCT-

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

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 13. STATE

Lea

New Mexico

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 ☒ GAS
WELL ☐ OTHER

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

P.O. Box 728, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

Well is located 500' from the South Line and
500' from the West Line of Section 26, T-24-S, R-37-E, Unit
Letter M, Lea County, New Mexico.

14. PERMIT NO.

Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3210' (DF)

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Shut well in

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

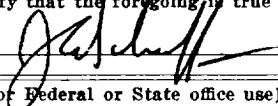
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)*

Subject well was shut-in effective May 14, 1970. It is requested
that the well be re-classified from its present producing status to
shut-in (Abandoned - Salvage Deferred) - Held for spare casing string.

It is further requested that the allowable be set at zero (0).

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

SIGNED



TITLE

Assistant District Super-
intendent

DATE May 20, 1970

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JAN 10 1968
U.S. AIR FORCE
HONOLULU, HAWAII

RECEIVED

JAN 10 1968

U.S. AIR FORCE
HONOLULU, HAWAII