

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIP DATE  
(Other instruction: 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 500' from the South Line, and 500' from the West Line of Section 26, T-24-S, R-37-E, Lea County, New Mexico.	8. FARM OR LEASE NAME C. C. Fristoe "b" NCT-1
14. PERMIT NO. Regular	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3210' (D. F.)	10. FIELD AND POOL, OR WILDCAT *See Below
	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.

## 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 ACIDISE <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 - 6144'  
8 5/8" O. D. Casing Cemented at 1002'Blinebry Zone: Ran 6130' of 2 7/8" O. D. Casing, 6.50 LB, J-55, NEW, and cemented at 6140'. Plug at 5854'.Justis-TubbDrinkard Zone: Ran 6132' of 2 7/8" O. D. Casing, 6.50 LB, J-55, NEW, and cemented at 6144'. Plug at 6112'.

Cemented above strings of 2 7/8" O. D. Casing with 300 Sx. Trinity Lite Wate with 5% FRA, 150 Sx. Trinity Lite Wate, and 450 Sx. Incor neat with 4% gel. 500 gals acetic acid in each string. Job complete 7:00 A. M. February 2, 1966. Tested above strings of 2 7/8" O. D. Casing for 30 minutes with 1500 P. S. I. from 6:30 A. M. to 7:00 A. M. February 4, 1966. Tested O. K. Job complete 7:00 A. M. February 4, 1966.

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

SIGNED

Dan Gillett

TITLE Assistant District

DATE February 4, 1966

(This space for Federal or State office use)

Superintendent

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

FEB 7 1966

J. L. GORDON  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side