

UNITED STATES  
DEPARTMENT OF THE INTERIORSUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)Form approved.  
Budget Bureau No. 42-R1424.

HOBBS OFFICE SURVEY

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposal to drill or to deepen a well. Plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT TO DRILL" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC-057509
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 660' from the North Line, and 2130' from the East Line of Section 26, T-24-S, R-37-E, Lea County, N. M.		8. FARM OR LEASE NAME G. L. Erwin "b" NCT-1
14. PERMIT NO. Regular		9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) Not Available		10. FIELD AND POOL, OR WILDCAT Fowler Blinebry
		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:		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"/>	
(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 - 974'  
Spudded 9 7/8" Hole at 8:00 A. M. November 4, 1966

Ran 963' of 7 5/8" O. D. Casing, 15.28 LB, Spiral Weld, and cemented at 974' with 400 Sx. Class "C" cement. Plug at 950'. Cement Circulated.

Temperature of mixing slurry - 56°, - 7 Hour & 15 Min. strength - 1000 P. S. I., - Job complete 6:45 P. M. November 6, 1966.

Tested 7 5/8" O. D. Casing for 30 minutes with 600 P. S. I. from 2:00 A. M. to 2:30 A. M. November 7, 1966. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 600 P. S. I. from 6:00 A. M. to 6:30 A. M. November 7, 1966. Tested O. K. Job complete 6:30 A. M. November 7, 1966.

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

SIGNED

Dan Gillett

TITLE Assistant District

DATE November 8, 1966

(This space for Federal or State office use)

Superintendent

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

NOV 8 1966

\*See Instructions on Reverse Side

J L GORDON  
ACTING DISTRICT ENGINEER