

UNITED STATES
DEPARTMENT OF THE INTERIOR
HOBBS OFFICE OF GEOLOGICAL SURVEY

SUBMIT IN TRIP (Other instruction, reverse side)

Form approved.
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.

LC-057509

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

NONE

7. UNIT AGREEMENT NAME

NONE

8. FARM OR LEASE NAME

G.L. Erwin "b" NCT-1

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Justis 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.

SUNDY 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"/>	
2. NAME OF OPERATOR TEXACO Inc.	
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well located 1880' from the North Line, and 1880' from the East Line of Section 26, T-24-S, R-37-E, Lea County, N. M.	
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3188' (D. F.)

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 - 5855'
8 5/8" O. D. Casing Cemented at 924'

Ran 5843' of 4 1/2" O. D. Casing, 10.50 LB, J-55, NEW, and cemented at 5855' with 500 Sx. Trinity Lite Water cement, and 300 Sx. Incor 4% gel. Plug at 5824'. Job complete 10:30 A. M. February 2, 1967.

Tested 4 1/2" O. D. Casing for 30 minutes with 1500 P. S. I. from 7:00 A. M. to 7:30 A. M. February 4, 1967.
Tested O. K. Job complete 7:30 A. M. February 4, 1967.

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

SIGNED

Dan Gillett
Dan Gillett

TITLE

Assistant District
Superintendent

DATE

February 6, 1967

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

*See Instructions on Reverse Side

J. L. GORDON
ASSISTANT DISTRICT ENGINEER