

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
LEASE DESIGNATION AND SERIAL NO.

NM-14218

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR TEXACO INC.		8. FARM OR LEASE NAME C. C. Fristoe "B" Fed. NCT-2	
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico 88240		9. WELL NO. 13	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  990' FSL & 1979' FEL of Section 26, T-24-S, R-37-E, Lea County, New Mexico		10. FIELD AND POOL, OR WILDCAT Langlie Mattix Seven Rivers Queen	
14. PERMIT NO. Regular		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3188' (DF)	
		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 New Mexico

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 ACIDIZE	<input type="checkbox"/>	ABANDON*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input checked="" type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input 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)			

(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.)\*

REMARKS

- Well Status - TR-0 (To Be Reconditioned-Oil) - Held for Secondary Recovery
- Temporary Abandonment Date - 8-3-77
- Reason for Abandonment - Not economical to produce
- Future Plans - Evaluate for remedial work and secondary recovery potential
- Date of Future Workover or Plugging - 4th Quarter, 1978

124  
This approval of temporary  
abandonment expires 9-1-78

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NOV 1 1977  
U.S. GEOLOGICAL SURVEY  
DALLAS, TEXAS

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

SIGNED [Signature]  
(This space for Federal or State office use)

TITLE Asst. Dist. Superintendent DATE 11-1-77

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

NOV 8 1977

ARTHUR R. BROWN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

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NOV 14 1977  
OIL COMMISSION COMM.  
HOBBS, N. M.

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HOBBS, N. M.