

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR TEXACO Inc.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico 88240		8. FARM OR LEASE NAME C. C. Fristoe & Fed NCT-2
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, Unit Letter 'O', Lea County, New Mexico.		9. WELL NO. 13
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT Justis Blinebry
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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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) Return Blinebry to production <input checked="" 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.)*

Subject well was classified as shut-in Natural Gas but has now been returned to production. On 24 hr. potential test well produced -0- oil, 35 BW and 361 MCF/day on 18/64" choke.

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

SIGNED

TITLE

Asst. District Supt.

DATE

6-1-77

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

JUN 3 1977
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

RECEIVED

JUL 14 1977

OIL CONSERVATION COMM.
HOBBS, N. M.