

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLY
(Other instructions
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 ☐ GAS WELL ☒ OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC-032592-"b"
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 728, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well located 990' from the South line and 1979' from the East line of Sec. 26, T-24-S, R-37-E		8. FARM OR LEASE NAME C.C. Whistler 'b' NCT-2
14. PERMIT NO. Regular		9. WELL NO. 13
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3,189' DF		10. FIELD AND POOL, OR WILDCAT Justin Glorieta (Gas)
		11. SEC., T., R., or NEQ. AND SURFACE OR AREA Sec. 26, T-24-S, R-37-E
		12. COUNTY OR PARTSH 13. STATE Lea New Mexico

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Shut well in ☒	

(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.)*

Squeeze Glorieta perforations w/100 sx Class 'C' cement.

ILLEGIBLE

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

SIGNED [Signature]

Assistant District
TITLE Superintendent

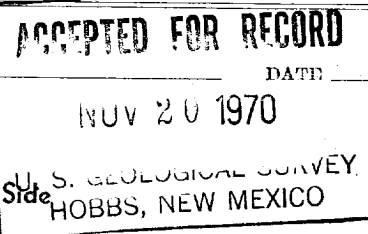
DATE November 17, 1970

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side