

UNITED STATES  
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

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

GEOLOGICAL SURVEY

HOBBS OFFICE O. C. C.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug a well to a different level.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

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

14. PERMIT NO.  
Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3179' (D. F.)

5. LEASE DESIGNATION AND SERIAL NO.  
LC-057509

6. 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.  
7

10. FIELD AND POOL, OR WILDCAT  
Justis Blinbry

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:

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 checked="" 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) <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 - 6230'  
8 5/8" O. D. Casing Cemented at 984'

Ran 6221' of 4 1/2" O. D. Casing, 9.50 LB, NEW, J-55, and cemented at 6230' with 500 Sx. Trinity Lite Wate, plus 300 Sx. Class "C" neat cement. Plug at 6206'. Job complete 10:45 A. M. May 19, 1967.

Tested 4 1/2" O. D. Casing for 30 minutes with 1500 P. S. I. from 5:00 P. M. to 5:30 P. M. May 20, 1967. Tested O. K. Job complete 5:30 P. M. May 20, 1967.

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

SIGNED Dan Gillett

TITLE Assistant District Supt. DATE May 22, 1967

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE APPROVED DATE

MAY 23 1967

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER