

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions
reverse side)Form approved.
Budget Bureau No. 42 R1424.

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 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.

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"/>	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 1980' from the North Line, and 990' from the East Line of Section 26, T-24-S, R-37-E, Lea County, New Mexico.
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, OR, etc.) Not Available

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 COMPLETION <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 - 984'
Spudded 11" Hole at 4:00 P. M. April 29, 1967

Ran 969' of 8 5/8" O. D. Casing, 17.28 LB, Spiral Weld, NEW, and cemented at 984' with 550 Sx. Class "C" cement. Plug at 520'. Cement Circulated.

Temperature of mixing slurry - 58°, 14 Hour & 30 minute strength - 1000 P. S. I. Job complete 4:00 P. M. April 30, 1967.

Tested 8 5/8" O. D. Casing for 30 minutes with 800 P. S. I. from 6:30 A. M. to 7:00 A. M. May 1, 1967. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 800 P. S. I. from 7:30 A. M. to 8:00 A. M. May 1, 1967. Tested O. K. Job complete 8:00 A. M. May 1, 1967.

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

SIGNED

Dan Gillett

TITLE Assistant District

DATE May 2, 1967

(This space for Federal or State office use)

Superintendent

APPROVED

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 3 1967

*See Instructions on Reverse Side J. L. GORDON
ACTING DISTRICT ENGINEER