

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-B1424.

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"/>		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 is located 660' from the North Line and 2310' from the East Line of Section 35, T-24-S, R-37-E, Unit Letter 'B', Lea County, New Mexico.		8. FARM OR LEASE NAME C. C. Fristoe 'B'
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3183' (DF)	9. WELL NO. NCT-2 Federal 14
		10. FIELD AND POOL, OR WILDCAT Undesignated
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Unit Letter B Sec. 35, T-24-S, R-37-E,
		12. COUNTY OR PARISH Lea
		13. STATE 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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 5800'
Plug Back Total Depth 5764'
4 1/2" O.D. 10.50# K-55 Smls. Casing set @5800'

Perforated 4 1/2" O.D. Casing w/2 JSPI @ 5294', 5303', 5307, 5315', 5337', 5349', 5378', 5384', 5388', 5514', 5522', 5546', 5598', and 5681'.
5531'

Acidize Casing perforations. w/3000 gals. 15% NE Acid in 15 stages w/2 Ball sealers after each stage.

Frac 4 1/2" Csg. w/30,000 gals. galled lease crude w/1# 20-40 sand and 1/40# Adomite per gallon as follows:

- 1st Stage: 5000 gals.
- 2nd Stage: 60# Unibead block followed w/12,500 gals.
- 3rd Stage: 12,500 gals. w/3 - 40# Unibead Blocks.

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

SIGNED

[Signature]

TITLE

Assistant District
Superintendent

DATE April 20, 1970

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

RECORDED DATE

APR 21 1970

*See Instructions on Reverse Side

GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

RECEIVED

APR 28 1970

CH. CIVIL SERVICE COM.