

UNITED STATES

DEPARTMENT OF THE INTERIOR

5. LEASE

10-032104

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

A. H. Blinebry Fed. NCT-3

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Drinkard

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 31, T-22-S, R-33-E

12. COUNTY OR PARISH

13. STATE

Lea

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3325' (GR)

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 Form 9-331-C 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 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE:

AT TOP PROD. INTERVAL: 660' FNL & 1980' FWL

AT TOTAL DEPTH: (Unit Letter "C")

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other) Add Perfs in Drinkard

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

1. RIG UP. PULL RODS AND PUMP. INSTALL BOP. PULL TUBING.
2. CLEAN OUT TO 7220' (PBTD).
3. SET RBP @ 6550' AND CAP W/SAND.
4. PERF 7" CASING W/ 2-JSPF @ 6270', 83', 95', 6310', 16', 19', 22', 74', 6405', 12', 19', 22', 31', 41', 45', 50', 50', 56', 60', 65', 69', 80', & 6497'.
5. SET PKR @ 6200'. ACID FRAC PERFS 6270'-6497' W/10,500 GALS 28% NE ACID & 16,500 GERLLED 2% KCL WATER IN, 7-STAGES USING 300# ROCK SALT BETWEEN STAGES. FLUSH W/2% KCL WATER.
6. PULL RBP. INSTALL PRODUCTION EQUIPMENT. TEST AND RETURN TO PRODUCTION.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

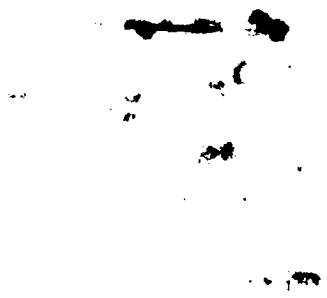
SIGNED [Signature] TITLE Asst Dist Mgr DATE 2-26-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
[Signature]
ENGINEER



RECEIVED
MAY 16 1984
O.C.D.
HOBBS OFFICE