

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons.
P.O. Box 1980
Hobbs, NM 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT --" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well: OIL WELL GAS WELL OTHER

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC

3. Address and Telephone No.
205 E. Bender, HOBBS, NM 88240 397-0422

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter D : 660 Feet From The FNL Line and 660 Feet From The
FWL Line Section 20 Township 22S Range 38E

5. Lease Designation and Serial No.
LC032104

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation
Unit Letter D

8. Well Name and Number
Blinbry A.H. Federal NCT-1 # 10

9. API Well No.
30-025-12142

10. Field and Pool, Exploaratory Area
Brunson San Andres

11. County or Parish, State
Lea, NM,

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent <input type="checkbox"/> Subsequent Report <input checked="" type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Atiering Casing <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. 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,)*.
Remediation work has been completed.

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

SIGNATURE Rodney Bailey TITLE EH&S Representative DATE 4-30-98

TYPE OR PRINT NAME Rodney G. Bailey

(This space for Federal or State Signature)

APPROVED BY JOE G. LARA TITLE Regional Engineer DATE 5/22/98

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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MAY 1998
Received
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