

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. CONS. COMMISSION  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240  
FOR THE BUREAU OF LAND MANAGEMENT  
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: <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	5. Lease Designation and Serial No. LC 032104
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.	6. If Indian, Alooee or Tribe Name
3. Address and Telephone No. P.O. BOX 730, HOBBS, NM 88240 397-0426	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 20 Township 22S Range 38E	8. Well Name and Number BLINEBRY, A. H. FEDERAL NCT-1 17
	9. API Well No. 30 025 20924
	10. Field and Pool, Exploratory Area TUBB/BLINEBRY (OIL AND GAS)
	11. County or Parish, State LEA, NEW MEXICO

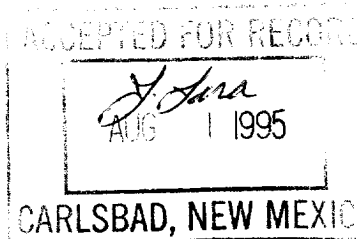
12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data	
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent <input checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> OTHER: DHC TUBB AND BLINEBRY <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.)

Texaco E & P Inc. downhole commingled the subject well according to DHC-870.

4/10/95: Shot perforations on interval 5708'-5718' with 4jspf to commingle strings.

OPT test: 6/8/95: Pumping; 3 BO, 1 BW, 136 MCF (24 hour).



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

SIGNATURE	TITLE Engineering Assistant	DATE 7/25/95
TYPE OR PRINT NAME Darrell J. Carriger		

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
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.

RECEIVED  
JAN 10 1961  
U.S. DEPARTMENT OF AGRICULTURE

U.S. DEPARTMENT OF AGRICULTURE  
WASHINGTON, D.C. 20250  
OFFICE OF THE SECRETARY