

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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: 660' FWL & 1980' FNL  
AT TOP PROD. INTERVAL: (Unit letter 'E')  
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

(other) To: Repair Csg Leak & Treat

5. LEASE  
LC-032104  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
-  
7. UNIT AGREEMENT NAME  
-  
8. FARM OR LEASE NAME  
A. H. Blinebry Fed. NCT-1  
9. WELL NO.  
20  
10. FIELD OR WILDCAT NAME  
Blinebry, Tubb, Drinkard  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 20, T-22-S, R-38-E  
12. COUNTY OR PARISH  
Lea  
13. STATE  
New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3398' (DF)

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

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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. Install BOP.
2. Run RBP & pkr to locate Csg leak.
3. Cement leak as required, protecting other casing strings.
4. Treat w/6000 gal 20% NE-FE Acid.
5. Install production equipment. Test & 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. Supt. DATE 3-27-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:  
**APPROVED  
AS AMENDED**  
APR 3 1980  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side