

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

COPY TO D. C. C.

Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEYS OFFICE D. C. C.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back on a well or reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. LEASE DESIGNATION AND SERIAL NO. LC-032104	
2. NAME OF OPERATOR TEXACO Inc.		7. IF INDIAN, ALLOTTEE OR TRIBE NAME None	
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME None	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Well located 1980' from the south line, and 1980' from the east line of Section 20, Township 22-South, Range 38-East, Lea County, New Mexico		8. FARM OR LEASE NAME A.H. Blinebry Fed. NCT-1	
14. PERMIT NO. Regular		9. WELL NO. 30	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3395' (D. F.)		10. FIELD AND POOL, OR WILDCAT Drinkard	
		11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA Section 20, Township 22-South, Range 38 East	
		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

16. 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"/>	FULL 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 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"/>	

(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.)

The following work has been completed on subject well:

1. Pull Rods and Tubing
2. Perforate 2 7/8" casing w/ 1 JSPP @ 6673', 6680', 6704', 6708', 6746', 6778', 6793', 6800', 6804', 6808', 6815', 6820', 6824', 6827', 6832', 6837', 6841', 6849', 6903', 6914', 6947', 6951', 6954', 6956', 6963', 6967', 6974', 6979', 6982', 6988'.
3. Acidize with 12,000 gals 15% retarded in 4 stages of 3,000 gals each w/ 9 ball sealers between stages.
4. Swab well, test and return to production.

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

SIGNED

TITLE Assistant District Superintendent June 18, 1968

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

JUN 20 1968

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER