

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse side)

Te-
re-

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-032104

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

A.H. BLINEBRY FED. NOT-1

9. WELL NO.

44

10. FIELD AND POOL, OR WILDCAT

BRUNSON ABO SOUTH

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

Sec 33, TRRS, R38E

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
TEXACO INC

3. ADDRESS OF OPERATOR
P.O. Box 728, HOBBS, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL & 1700' FWL (UNIT LETTER F)

14. PERMIT NO.
REGULAR 9/4/87

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
KB 3368.5

12. COUNTY OR PARISH
LEA

13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) PRODUCTION CASING REPORT	<input checked="" 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.)*

REACHED TD ON well #44 @ 4:00 pm 10-13-87
TD @ 7500'.

Ran 182 jts 5 1/2" 15# & 17# 8rd JSS LT&C casing. Set @ 7500'.
DV tool @ 5210'.

1st stage: cemented w/ 500 sxs Class 'H' 1/4# / sx D-29 & 0.4% D-60.

Had mud returns at surface. Opened DV tool circulated 5 hrs.

2nd stage: Cemented w/ 1900 sxs Class 'H' 6% D-20, 15# / sx D-44 & 1/4# / sx D-29
Circulated 70 sxs cement to pit.

NOV 20 1987

SJS

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

SIGNED K.L. Johnson

TITLE AREA SUPERINTENDENT

DATE NOV 16 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side