

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 M : 330 Feet From The FSL Line and 330 Feet From The
FWL Line Section 28 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.

8. Well Name and Number
A.H. Blinbry Fed NCT-1 #14

9. API Well No.
30-025-12145

10. Field and Pool, Exploratory Area
Brunson Drinkard

11. County or Parish, State
Lea County, New Mexico

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☒ Final Abandonment Notice

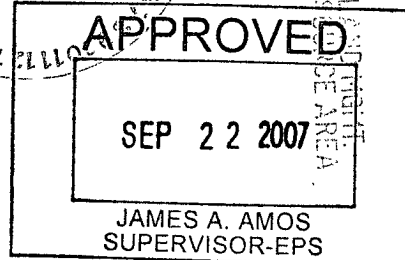
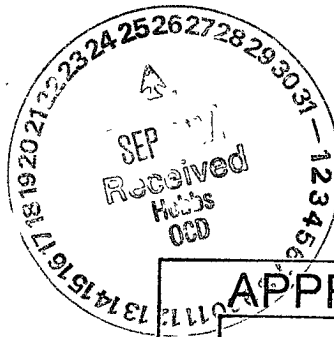
TYPE OF ACTION

- ☒ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Attaching Casing
☐ OTHER: _____
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*.

All remediation completed according to BLM specifications.



RECEIVED
1999 JAN 11 A 7:21
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO

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

SIGNATURE Rodney G. Bailey TITLE EH&S Representative DATE _____
TYPE OR PRINT NAME Rodney G. Bailey

(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

GWW