

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' FSL & 1980' FEL
AT TOP PROD. INTERVAL: (Unit Letter '0')
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: |
|--|--------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) <input type="checkbox"/> | <input type="checkbox"/> |

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. Pull tubing.
2. Set RBP @ 5635' & pkr. @ 5550'.
3. Acidize Blinebry perfs. 5580-5625' w/3000 gals. MOD-202 acid in 2 stages using 250# rock salt & 250# Benzoic Acid Flakes between stages. Flush w/2% KCl water. Pull RBP & pkr.
4. Run 2-3/8" tubing to Tubb Gas Zone & 2-1/16" tbg to Blinebry Zone.
5. Treat Tubb Zone w/5000 gals. MOD-202 acid in 3 stages using 250# rock salt & 250# Benzoic Acid Flakes between stages. Flush w/2% KCl water.
6. Test and place on production.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 10-2-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

5. LEASE LC-032104	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
7. UNIT AGREEMENT NAME -	
8. FARM OR LEASE NAME A.H. Blinebry Federal NCT-1	
9. WELL NO. 1	
10. FIELD OR WILDCAT NAME Blinebry Oil & Gas & Tubb Gas	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, 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) 3369' (DF)	

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

RECEIVED
OCT 2 1980
U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

APPROVED

OCT 28 1980

DISTRICT SUPERVISOR