

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 ☐ gas ☐ other ☒ Dual - Oil & Gas
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' FNL & 1974' FEL -
AT TOP PROD. INTERVAL: Unit Letter 'B'
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 type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input checked="" 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, kill both zone w/brine water.
2. Pull Blinebry Zone tubing. Pull Drinkard Zone tubing & parallel latching device.
3. Test tubing. Replace bad joints. Run tubing & swab. Return to production.
4. Run packer leakage test.
5. Evaluate for downhole commingle.
6. On 24 hrs potential test Drinkard Zone flowed 3 BO, 1 BW, GOR 5050. Blinebry flowed 1 BO, 0W, GOR 230,000. Job complete 7-25-78.

Subsurface Safety Valve: Manu. and Type

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 8-3-78

(This space for Federal or State office use)

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

5. LEASE	LC-032104-A
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.	6
10. FIELD OR WILDCAT NAME	Blinebry (Gas) & Drinkard
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA	Sec. 19, T-27-S, R-38-E
12. COUNTY OR PARISH	Lea
13. STATE	New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB AND WD)	3370' (DF)

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

ACCEPTED FOR RECORD
AUG 7 1978
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

RECEIVED

AUG 8 1978

OIL CONSERVATION COMM.
HOURS: 11 A