

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 checked="" 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, Kill both Zone w/brine water.
2. Pull Blinebry Zone tubing. Pull Drinkard Zone tubing & parallel latching device.
3. Test tubing. Run tubing & swab. Return to production.
4. Run packer leakage test.
5. Evaluate for downhole commingle.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED _____

TITLE

Asst. Dist. Supt.

DATE

7-7-78

(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-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.)

APPROVED

JUL 11 1978

**JAMES F. SIMS
DISTRICT ENGINEER**

RECEIVED

JUL 18 1978

CL. OF. OF. OF. COMM.
KANSAS, N. M.