

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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. NCT-1

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT
Blinebry (Oil)
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

1. OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

P.O. Box 728 - Hobbs, New Mx 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1980' FNL & 1974' FEL of Sec. 19, T-22-S, R-38-E, Unit
Letter 'G', Lea County, New Mexico.

14. PERMIT NO.

Regular

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

3370' (GR)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input 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.)*

1. Rig up. Install BOP. Pull tubing and pkr.
2. Clean out to 6260' (TD).
3. Test csg for leaks. Repair if necessary.
4. Set pkr @ approx. 6100'. Swab test Tubb zone.
5. Set RBP @ approx. 5700' & pkr. @ approx. 5540'. Swab test Blinebry zone.
6. Evaluate the two zones and recommend remedial work required in order to return well to production.

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

SIGNED

TITLE

Asst. District Supt.

DATE

1-5-78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JAN 9 1978

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

APPROVED

JAN 10 1978

CH. CL. ...
HOBBS, H. M.