UNITED STATES FD STATES SUBMIT IN TRIPLIC (Other instructions reverse side) FE THE INTERIOR (Other instructions re-

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

CEOL	OCIONI	CHENNEL
GEUL	JOGICAL	SURVEY

STOCOTCAL SURVEY	TC=025T04		
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 "APPLICATION FOR PERMIT." for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
WELL X GAS WELL OTHER.	7. UNIT AGREEMENT NAME		
TEXACO Inc.	8. FARM OR LEASE NAME A.H. Blinebry Fed. NCT-1		
P. O. Box 728 - Hobbs, New Mexico 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
See also space 17 below.) Well is located 1980 from the North Line and 19			
989' from the East Line of Section 19, F-22-S, R-38-E, Unit Letter "H", Lea County, New Mexico			
4. PERMIT No. (Show whether DF, RT, GR, etc.)	Unit Letter H, Section 19, T-22-S, R-38-E 12. COUNTY OR PARISH 13. STATE		
Regular 3384 (DF)	Lea New Mexico		
Check Appropriate Box To Indicate Nature of Notice, Report, or			
NOTICE OF INTENTION TO:	EQUENT REPORT OF:		
TEST WATER SHUT-OFF PULL OR ALTER (ASING WATER SHUT-OFF FRACTURE TREAT M LEGGLE COMPLETE	REPAIRING WELL,		

FRACTURE TREATMENT ALTERING CASING SHOOTING OR ACIDIZING REPAIR WELL (Other)*Repair Communication (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. BUSCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any peoplesed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The following work has been completed on subject well:

- 1. Install BOP. Kill Blinebry and Drinkard Zones.
- 2. Pull tubing from both zones.
- Replace bad tubing.
- Run Drinkard tubing w/parallel string anchor and set in Model "D" packer @ 5725'.
- Run Blinebry tubing and latch into parallel string anchor @ 5564.
- 6. Swab, take Packer Leakage Test and place on production.

I hereby certify that the foregoing is true and correct	TITLE	Assistant District Superintendent	DATE	June 2, 1970
APPROVED BY	TITLE	The state of the s	DATE	
CONDITIONS OF APPROVAL, IF ANY:		$\widetilde{\mathcal{M}}_{i}$	JAN SAIR	1

*See Instructions on Reverse Side