	NOTE: This	is a RE-ENTRY	*** SPUI	IN DATE MA	arch	14, 1946	· · · · ·
Perm 9-331 (May 1963)		ED STATES	TERIOR vers	MIT IN TRIP mer instruction. e side)	TE•	Form appi Budget Bu 5. LEASE DESIGNATI LC-032101	ireau No. 42-R1424.
(Do not use	UNDRY NOTICE	S AND REPOR	RTS ON WE	LLS ifferent reservoir.	-		TER OF TRIBE NAME
OIL GA	CLL OTHER		~ *			7. UNIT AGREEMENT	NAMD
TEXACO Inc.						8. FARM OR LEASE 1	
8. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico						A. H. Blineb 9. WELL NO.	ry NGT-1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface						4 10. FIELD AND POOL,	
Well locat East Line	ed 660' from th of Section 20,	ne South Line, T-22-S, R-38-3	and 1980; E, Lea Cour	from the ty, N. M.		11. SEC., T., R., M., O SURVEY OR AB	
14. PERMIT NO.	11	ELEVATIONS (Show whe	ther DF, RT, GR, etc.)			Sec. 20, T-2	
Regular		33881 (	GR)			Lea	N. M.
16.	Check Approp	priate Box To Indice	ate Nature of I	Notice, Report,	or Oth	er Data	
TEST WATER SH	NUTICE OF INTENTION	TO:	,			T REPORT OF:	an a
FRACTURE TREAT		OR ALTER CASING	1 1	ER SHUT-OFF	x	BBPAIRING	· []
SHOOT OR ACIDIZ	B ABANI	••••		TURE TREATMENT TING OR ACIDIZING		ALTERING	······
REPAIR WELL (Other)	CHANG	E PLANS	(Oth	(NOTE . Report re	enlte of		
17. DESCRIBE PROPOSE proposed work.	D OR COMPLETED OPERATIO If well is directionally k.)*	NS (Clearly state all per	rtinent details, an	comprehier or rec	лтрыени	)   Kenner and Loa 7	
Blinebry Zone: R	an 7201 of 27		). Casing So L Depth at S	et at 26331 83771	2017121394	2 - Stroff et 1, 1 Nicota trom 9 Nicota trom 19 Nicota trom 19 Nicota tro 19 Add Smr 19 40 Add Smr	
	an 7201' of 2 7 lug at 7204'.				N		
Drinkard Zone: Ra PI	an 7201' of 2 7, lug at 7180'.	/8" 0. D. Casi	ing, 6.50 LI	3, J <b>-</b> 55, NEV	W, an	d cemented a	it 72121.
Tubb Zone : Ra	n 64991 of 2 7, lug at 64801.	/8" 0. D. Casi	ng, 6.50 II	9, <b>J-5</b> 5, NEV	N, an	d cemented a	t 6510'.
ge O Te	emented after 50 prings with 400 1. Job complet D. Casing for sted 0. K. Job Sested with 200	30 minutes fr complete 9:30	0% gel wit March 9, 19 om 9:00 P.	65. Tested M. to 9.30	з 600 1 аро <sup>.</sup> Р. м	Sx. Class	CH LS
18. I hereby certify the	at the foregoing is true a	nd correct			•		
SIGNEDH	• D. Raymond leral or State office use)	NA TITLE	Assistant D	istrict ent		DATE March	11, 1965.
APPROVED BY	PPROVAL, IF ANY :	TITLE		<b>AF</b> MAR	<b>20)</b>	train and the second se	ticreate tic
		*See Instruction	ons on Reverse		. GOR	DON	2018
			· · ·		ISTRIC	T ENGINEER	

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