

UNITED STATES  
DEPARTMENT OF THE INTERIORSUBMIT IN TRIPLICATE\*  
(Other instructions  
reverse side)Form approved,  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to deepen or plug back to a different reservoir.  
"APPLY FOR PERMIT" for such proposals.)1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

P. O. Box 728

Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)Well located 660' from the north line, and 660' from the west  
line of Section 20, Township 22 South, Range 38 East, Lea  
County, New Mexico

14. PERMIT NO.

Regular

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

3387' (DF)

None  
7. UNIT AGREEMENT NAMENone  
8. FARM OR LEASE NAME

A. H. Blinbry NCT-1

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Brunson San Andres East

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 20, T-22-S, R-38-E

12. COUNTY OR PARISH

Lea

New Mexico

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other) Shut well in "ASD"

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

X

(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 perti-  
nent to this work.)\*Well was shut in effective May 1, 1968. It is recommended that this well be  
re-classified from its present status to ASD - held for Salt Water Disposal.

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

SIGNED

Assistant District

TITLE Superintendent

DATE May 6, 1968

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 9 1968

\*See Instructions on Reverse Side

J L GORDON  
ACTING DISTRICT ENGINEER