

UNITED STATES  
DEPARTMENT OF THE  
GEOLOGICAL

IN TRIPLICATE  
INSTRUCTIONS ON REVERSE

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

LC-032104

SUNDRY NOTICES AND

(Do not use this form for proposals to drill or to  
Use "APPLICATION FOR PERM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

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 and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
660' FSL & 1980' FWL of Section 29, T-22-S,  
R-38-E, Lea County, New Mexico

14. PERMIT NO. Regular 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3401' (GR)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
A.H. Blinebry Fed. NCT-2

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT  
Drinkard & Wantz Granite  
Wash

11. SEC., T., R., M., OR B.L.K. AND  
SURVEY OR AREA  
Sec. 29, T-22-S, R-38-E

12. COUNTY OR PARISH Lea 13. STATE  
New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐  
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐  
SHOOT OR ACIDIZE ☐ ABANDON\* ☐  
REPAIR WELL ☐ CHANGE PLANS ☐  
(Other) ☐

WATER SHUT-OFF ☐ REPAIRING WELL ☐  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☐ ABANDONMENT\* ☐  
(Other) Cancel 9-331-C ☒

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.)

Please cancel 9-331-C on subject well, approved by USGS 10-17-76. Work will not be done at the present time.

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

SIGNATURE *[Signature]* TITLE Asst. Dist. Supt. DATE 12-20-77

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: