

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLI
(Other instructions
reverse side)Form approved.
Budget Bureau No. 42-R1424.

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-032104	
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME -	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well is located 660' FSL, 660' FWL of Section 29, T-22-S, R-38-E, Unit Letter 'M', Lea County, N. M.		8. FARM OR LEASE NAME NCT-2 A.H. Blinebry Fed.	
14. PERMIT NO. Regular		9. WELL NO. 5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3390' (DF)		10. FIELD AND POOL, OR WILDCAT Blinebry Gas	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-22-S, R-38-E	
		12. COUNTY OR PARISH Lea	13. STATE N.M.

18. 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

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Other)*Blinebry Gas - Recomplete Drinkard

(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. Pull 2 1/16" Blinebry Gas Production Tubing. Install BOP.
2. Set DR plug in Baker Model D packer @ 5950'.
3. Set Cement Retainer @ 5500' & squeeze Blinebry csg (5 1/2" OD) perforations 5554'-5682' w/150 sx. Class C Cement. WOC 18 Hrs.
4. Test squeeze job.= Blinebry Gas Zone P & A.
5. Drill out cement retainer @ 5500', cement, packer & plug @ 5950' & Bridge plu plug @ 6392.
6. Log Well 5200'-TD. Pick perfs. off log.
7. Perforate 5 1/2" OD Casing w/2-JSPF @ Chosen interval from 6355'-6608' in Drinkard Formation.
8. Run 2 7/8" Tbg. Spot 250 gal. 15% NE Acid across perforations.
9. Set packer @ 6300'.
10. Acidize Drinkard perforations w/2500 gal. 15% NE Acid.
11. Frac Drinkard perforations w/30,000 gal. Polymer Gel in 4-stages w/1 lb. 20/40 sand per gal. Use Rock Salt & Benzoic Acid Flakes as diverting Agent.
12. Install production equipment. Test and produce Drinkard.

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

SIGNED

TITLE Asst. Dist. Supt.

DATE 1-15-76

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

NO. OF COPIES RECEIVED	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

AUG 23 10 22 AM '67

I. Operator **TEXACO, INC.**
DRAWER 728
Address **HOBBS, NEW MEXICO 88240**

Reason(s) for filing (Check proper box)
New Well: ☐ Change in Transporter of: ☐
Recompletion: ☐ Oil: ☐ Dry Gas: ☐
Change in Ownership: ☐ Casinghead Gas: ☐ Condensate: ☐
Other (Please explain) **Change in lease name.**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name A. H. Blinebry	Well No. 5	Pool Name, including Formation Blinebry (Gas)	Kind of Lease State, Federal or Fee
Location Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West Line of Section 29 , Township 22-S Range 38-E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510 - Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Company (High Pres.)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2376 - Hobbs, New Mexico					
Warren Petroleum Co. (Low Pres.)	P. O. Box 1589 - Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 29	Twp. 22-S	Rge. 38-E	Is gas actually connected? Yes	When October 1, 1965

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

E. H. SCOTT
DIST. ACCOUNTANT

(Signature)

(Title)

(Date)

SEP 1 1967

OIL CONSERVATION COMMISSION

AUG 30 1967

APPROVED _____, 19____
BY **ONEIC**
SIGNED **ONEIC**
TITLE **ENG**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.