Form 9-331
Dec. 1973

Form Approved
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well [X] 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. See space 17 below.)
AT SURFACE: 660' FNL & 1980' FEL
AT TOP PROD. INTERVAL: (Unit Letter 'B')
AT TOTAL DEPTH:

5. LEASE
LC-032104

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
A. H. Blinebry Fed. NCT-3

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Blinebry

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 31, T-22-S, R-38-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3353' (DF)

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	[ ]		[ ]
FRACTURE TREAT	[ ]		[ ]
SHOOT OR ACIDIZE	[ ]		[ ]
REPAIR WELL	[ ]		[ ]
PULL OR ALTER CASING	[ ]		[ ]
MULTIPLE COMPLETE	[ ]		[ ]
CHANGE ZONES	[ ]		[ ]
ABANDON*	[ ]		[ ]
(other) To: Repair Casing Leak			

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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. RIG UP. PULL RODS AND PUMP. INSTALL BOP.
2. SET CIBP IN BLINEBRY STRING @ 5500' AND SPOT 40' CEMENT ON PLUG.
3. SET CIBP IN VENT STRING @ 5500' AND SPOT 40' CEMENT ON PLUG.
4. PERFORATE BLINEBRY STRING W/2-JS @ 1269'.
5. CEMENT PERFS @ 1269' W/400 SX ACLASS H CEMENT CONTAINING 2% CACL. CIRCULATE CEMENT. WOC. DOC. TEST.
6. INSTALL PUMPING EQUIPMENT. TEST AND RETURN TO PRODUCTION.

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

SIGNED [signature] TITLE ASST DIST MGR DATE 5-4-84

(This space for Federal or State office use)

APPROVED BY ... TITLE ... DATE ...
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
MAY 6 '84
R. Richardson
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side