Form Approved. Budget Bureau No. 42-R1424

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UNITED STATEBOBBS, NEW MEXICO 88240

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DEPARTMENT	OF	THE	INTERIOR
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EASE				

	T.G. COOL C.
	LC-032104
6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
7	LIBILT ACCEPTAGNET MANAGE

DEPARTMENT OF THE INTERIOR	LC-032104
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a differer reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil X gas	A.H. Blinebry Fed. NCT-1
well other	9. WELL NO.
2. NAME OF OPERATOR	8
TEXACO Inc.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Paddock, South, Blinebry & Tubb Gas
P.O. Box 728, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	
below.)	Sec. 33, T-22-S, R-38-E
AT SURFACE: 1980 THE & 330 TWE AT TOP PROD. INTERVAL: Unit Ltr E	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	Lea N.M.
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3387' DF
TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stational including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	directionally drilled, give subsurface locations and ent to this work.)*
Rigged up. POH w/production equipment and in	nstalled BOP.
. Set CIBP at 6301' and spot 36' amt. on plug.	
. Set CIBP at 5515' and spot 36' cmt. on plug.	
. Set CIBP at 5170' and spot 36' cmt. on plug.	
. Spot 20 sx. cmt. from 3020-3124'.	
. Spot 20 sx. cmt. from 250-350'.	
. Spot 10 sx. cement plug at surface.	8.8
. Installed dry hole marker. Cleaned location,	is plugged and abandoned.

Subsurface Safety Valve: Manu. and Type ___ _ Set @ _ 18. I hereby certify that the foregoing is true and correct . TITLE Dist. Opr. Mgr. 4/29/85 SIGNED DATE _ (This space for Federal or State office use) Ong: \$5d. ಹೇಡ ಮೀ ಕಿ. ಟ APPROVED BY AFEC MESS AND CONDITIONS OF APPROVAL, IF ANY: __ TITLE __ DATE

