## UN' TO STATES DEPARTMENT OF THE INTERIOR (Other Instructions verse side)

SUBMIT IN TRIPLI

COPY TO C.

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

CEOL	OCICAL	SURVEY
CIECL	COLCAL	JURVEI

		GEOLOGICAL SURVEY	LC-032104
	(Do not use this form for propo	ICES AND REPORTS ON WELLS sals to drill or to deepen or plug back to a different reservoir. ATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TEISS NAME
1. 0	IL GAS OTHER		7. UNIT AGREGATION NAME
	TEXACO Inc.		8. FARM OR LEASE NAME A. H. Blinebry Fed. NCT-
З. д	DDRESS OF OPERATOR	New Mexico 882h0	9. WELL NO.
U	it surface Unit letter E, 1980 fe	et from the North line and 330 feet from 33, Township 225, Range 38E.	Paddock South  11. SEC., T., B., M., OR BEK. AND SURVET OR AREA
14. P	ERMIT NO.	15. ELEVATIONS (Show whether DF, ET, GR, etc.)	12. COUNTY OR PARISH 13. STATE Lea N. M.

Notica o	F INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF REPAIRING WELL FRACTURE TREATMENT ALTERING CASING
REPAIR WELL  (Other)	ABANDON* CHANGE PLANS	(Other)  (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.) \*

## REMARKS

- 1. WELL STATUS -Shut In-Oil
- TEMPORARY ABANDONMENT DATE December, 1973 2.
- REASON FOR ABANDONMENT Collapsed casing 3.
- FUTURE PLAMS Remedial work will be performed to return well to production.
- DATE OF FUTURE WORKOVER OR PLUGGING December, 1974

Since casing in this well is indicated not to be in satisfactory condition for temporary abandonment, the well should be repaired or properly plugged and abandoned at the earliest practicable date.

11/2/			
18. I hereby certify that the foregoing is true and correct SIGNED		Asst, Dist, Supt,	DATE 10-22-71
(This space for Federal or State office use)	TITLE	DDRC	DATE
CONDITIONS OF APPROVAL, IF ANY:		APICT 2	9 1910 July
*.	See Instruct	ions on Reverse Side ARTHUR	R. BROWN CT ENCINEER