

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on 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 330' FWL, 330' FNL of Section 33, T-22-S, R-38-E Unit Letter "D"		8. FARM OR LEASE NAME A.H. Blinebry Fed. NCT-1
14. PERMIT NO. Regular		9. WELL NO. 15
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3384' (DF)		10. FIELD AND POOL, OR WILDCAT Paddock South
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 33, 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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Abd. Paddock & repair communit-	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(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. Rigged up. Pulled rods & pump from Drinkard zone.
2. Set CIBP in Drinkard string @ 6860'. Squeeze csg leak @ 5866 w/50 sx Class "C" Neat cement. DOC. Test 2-7/8" csg w/1200# for 30 minutes. Tested OK.
3. Set CIBP in Paddock @ 4985' & spot 35' cmt on plug. Paddock zone abandoned 2-24-78.
4. Drill out CIBP in Drinkard zone.
5. Acidize perforations 6908-7174' w/1000 gal 15% NE Acid. Flushed w/30 bbls. 2% KCL water.
6. Install pumping equipment.
7. On 24 hr. potential test ending 3-13-78, Drinkard zone pumped 5 BO & 5 BW, GOR 4500.

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

SIGNED [Signature]  
(This space for Federal or State office use)

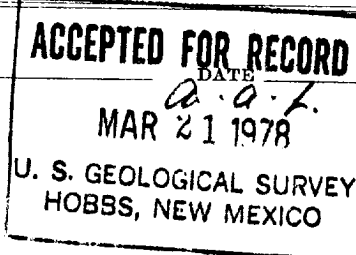
TITLE Asst. Dist. Supt.

DATE 3-17-78

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

\*See Instructions on Reverse Side



RECEIVED

MAR 21 1978

OIL CONSERVATION COMM.  
HARRIS, N. M.

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