

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.  
LEASE DESIGNATION AND SERIAL NO.  
LC-032104

## 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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
2. NAME OF OPERATOR TEXACO Inc.		7. UNIT AGREEMENT NAME -
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME A. H. Blinebry Fed. NCT-4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 700' FSL & 2100' FEL of Section 31, T-22-S, R-38-E, Unit Letter 'O', Lea County, New Mexico		9. WELL NO. 3
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3343' (DF)		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

## 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 checked="" type="checkbox"/> Abandon Blinebry - Recompl. x Tubbs	

## 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) <input 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. Rig up. Install BOP.
2. Clean out well.
3. Set CIBP @ 7100'. Set cement retainer. Squeeze Blinebry perforations 5645' - 5785' w/75 sx. Class 'C' cement. WOC. Drill out cement & test.
4. Log well. Perforate 2 7/8" OD Csg. w/2-JSPF @ 6101', 05', 09', 12', 17', 22', 31', 37', 45', 60', 68', 77', 86', 92', 6200', 06', 11', 27', 30', 59', 70', & 6296'.
5. Set packer. Acidize perforations 6101' - 6296' w/2000 gal. 15% NE Acid in 2 - 1000 gal. stages using 300# rock salt between stages. Flush w/KCL Water.
6. Frac perforations 6101' - 6296' w/10,000 gal (Water Frac) gel containing 1/2 lb. 20/40 sand per gal.
7. Swab well.
8. Test & place on production.

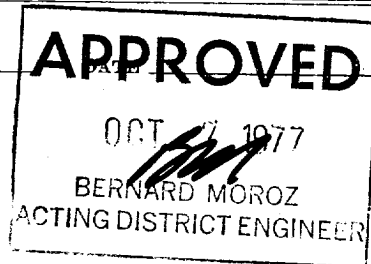
18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 10-5-77

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_



\*See Instructions on Reverse Side