in	$5 E \sim$	<u>-</u>			
(Form 9-331	UI ED STATES		Form app	roved	
DEPARTMEIN OF THE INTERIOR (Other Instruction I re GEOLOGICAL SURVEY			Budget B	ureau No. 42-R14	
				5. LEASE DESIGNATION AND SEBIAL N	
			LC-032104		
SUNDRY NOTICES AND REPORTS ON WELLS			6. IF INDIAN, ALLO:	TTEE OR TRIBE NA	
(Do not use this form fo Use "/	r proposals to drill or to prepen or plu APPLICATION FOR PERMIT-"for such	g back to a flillerent reservoir.	NONE		
1.					
OIL WELL GAS WELL OTHER			7. UNIT AGREEMENT NAME NONE 8. FARM OR LEASE NAME		
3. ADDRESS OF OPERATOR			A. H. Blinebry NCT-4		
	P. O. Box 728 -	Hobbs, New Mexico	h		
4. LOCATION OF WELL (Report lo	cation clearly and in accordance with a		10. FIELD AND POOL	OR WITDOWS	
At surface Well located Unit Letter M, Section 31, 990' from the South Line, and 990' from the West Line, T-22-S, R-38-E, Lea				Drinkard	
				11. SEC., T., R., M., OR BLK. AND	
			SURVEY OR A	SURVEY OR AREA	
County, New Mexico	•		Sec. 31, T-	-22 - S, R-3	
14. PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OB PAR	ISH 13. STATE	
Regular	3324' (D	. F.)	Lea	N. M.	
16. Ch.					
Cne	ck Appropriate Box To Indicate	Nature of Notice, Report, or	Other Data		
NOTICE OF INTENTION TO: SUBSE			UENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRIN	G WELL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING		
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDON	[
REPAIR WELL	CHANGE PLANS	(Other)			
(Other)		(NOTE: Report result Completion or Recom	ts of multiple completic pletion Report and Log	on on Well	
2. Perforate the	ard & Blinebry Pools, Po Drinkard string with two				
0090, 0727,	6778', and 6816'.				
3. Acidize perfor- agent in three water over-flu	ations with 4500 gallon: equal stages with ball sh.	s 24% acid with 135 ga sealers between stage	allons non-emu es, and 1500 g	lsion allons	
· · · ·					
4. Swab well, rec	over load, Test, and re-	turn well to production	on.		
	•	-			
	•				
				·	
· · · · · · · · · · · · · · · · · · ·					
18. I hereby certify that the foreg	oing is true and correct				
SIGNED	elletter As	sistant District	Mo	rch 17, 19	
Dan Gille	ett		DATE	(ـــــــــــــــــــــــــــــــــــــ	
(This space for Federal or Sta	te office use) Su	perintendent			
APPROVED BY		Mor THACHAGIIA	for the second s		
CONDITIONS OF APPROVAL	IF ANY:		DATE	·····	
		19. vi	2 C	<u>.</u>	
			······································		
		1	61		
	*See Instruction	s on Reverse Side	61		
	*See Instruction	s on Reverse Side	67 2 Martine		
	*See Instruction	s on Reverse Side Diffe	67 Rev. N GIN ^{DEC. 2}		