Form 3160-5 (June 1990)

## UNITED STATES ...M. Oil Cons. Division DEPARTMENT OF THE INTERIOR 1625 N. French Dr. BUREAU OF LAND MANAGEMEN HOBS. MM 38240

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

			· ·
SUNDRY NOTICE  Do not use this form for proposals to	ES AND REPORTS ON WE		5. Lease Designation and Serial No. LC032104
	FOR PERMIT" for such prop		6. If Indian, Alottee or Tribe Name
SUB	MIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
I. Type of Well: OIL GAS WELL WELL	OTHER		8. Well Name and Number BLINEBRY, A. H. FEDERAL NCT-4
2. Name of Operator TEXACO EXPLOR	RATION & PRODUCTION INC.		5
Address and Telephone No	OBBS, NM 88240	397-0405	9. API Well No.
Location of Well (Footage, Sec., T., R., M., or Surve		397-0403	30 025 20922
,	The SOUTH Line and 1980	Feet From The	10. Field and Pool, Exploaratory Area BLINEBRY OIL AND GAS
NEST Line Section 31	Township 22S R	ange 38E_	11. County or Parish, State  LEA , NEW MEXICO
<sup>2.</sup> Check Appropriate	e Box(s) To Indicate Na	ature of Notice, R	leport, or Other Data
TYPE OF SUBMISSION			YPE OF ACTION
Notice of Intent Subsequent Report Final Abandonment Notice  3. Describe Proposed or Completed Operations (Clear directionally drilled, give subsurface locations and recognitions of the completed operations of the completed operations (Clear directionally drilled, give subsurface locations and recognitions).	measured and true vertical depths for	ion ack pair sing Return to production re pertinent dates, including r all markers and zones per	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.) estimated date of starting any proposed work. If well is tinent to this work,)*.
Approval Subject To Retu Production And Keeping \ Production.	rning Well To Well On		

DATE

\_TITLE

BUNDITIONS OF APPROVAL IF ANY:

SLM LIST

Numbe	г <u>АЈМ-</u>	AJM-096-00				
Page -	60	f <u> </u>				

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

	Identification
IID	
Lease	NMLC032104
CA	
Jnit	
γ.	

Certified Mail - Return  DEPARTMENT OF THE INTERIOR					IID	IID				
Receipt Requested Z 260 099 977		BUREAU OF LAND MANAGEMENT					Lease NMLC032104			
Mark Delivered Busined					CA					
by	The standard and the standard standard standard standard standard standards and standard standards and standard			Unit	Unit					
	ł					PA		<del> </del>		
Bureau of Land Management Office			Operator							
HOBBS I	NSPEC	TION OFFICE		TEXACO E	XPLORAT	ION & PROD	) INC	·		
Address 414	WEST	TAYLOR	Address		05 EAST E					
НО	BBS N	M 88240		H	OBBS N	A 88240				
Telephone			Attention		101111 41	(500				
	505.393	.3612			JOHN A			<del></del>		
Inspector			Attn Addr	Attn Addr P O BOX 730						
Andrea Massengill Site Name Well or Facility			HOBBS NM 88240  Township Range Meridian Section 1/4 1/4							
AH BLINEBRY 4		05	22S	38E	NMF			SESW		
Site Name	· · · · · · · · · · · · · · · · · · ·	Well or Facility	Township	Range	Meridian	Section		1/4 1/4		
AH BLINEBRY 4		05	22S	38E	NMF	31		SESW		
	TION WA	AS FOUND BY BUREAU OF LAND M	MANAGEMENT INS	PECTORS ON TH	IE DATE AN	D AT THE SITE	LISTE	D ABOVE		
Date	1	Time (24 - hour clock)		Violation		Gravity	Gravity of Violation			
				<del> </del>						
01/14/2000	1		43	CFR 3162.3-4(c)		N/	IINOF	R		
Corrective Action To										
Be Completed By		Date Corrected	Assessm	ent for Noncomplia	ance	Assessn	ient Rei	ference		
02/09/2000						43 CF	R 316	63.1()		
this office. For TA	reques	ts, respond to the aftached T	A justification re	equirements.						
When violation is corrected, sign this n	tice and r	eturn to above address.			. 9	J				
Company Representative Title	ngo	asst	Signature	Noms.	100 N	ake Date	2	-22-10		
Company Comments	<i>'' 0</i>		-	MANUE						
Company Comments	·····									
	<del></del>				<del></del>	····				
		W	'ARNING							
earlier. Each violation must be co address shown above. Please note not comply as noted above under	rrected we that you "Corrective	reporting timeframes begin upon re ithin the prescribed time from receip already may have been assessed for we Action To Be Completed By" you ertified corrections must be postman	pt of this Notice and noncompliance (se u may incur an addi	I reported to the I e amount under " tional assessment	Bureau of Lar 'Assessment' t under (43 C	nd Management for Noncomplia FR 3163.1) and	office nce"). may al	at the If you do Iso incur		
Title 43 CFR 3163.2(f)(1), provid	es that an r other w	is Royalty Management Act of 1982 y person who "knowingly or willful ritten information required by this pa a maximum of 20 days.	ly" prepares, mainta	ains, or submits, f	alse, inaccur	ate, or misleadin	g repo	orts,		
		REVIEW AN	D APPEAL RI	GHTS						
receipt of the Incidents of Noncon	npliance v	at a State Director review of the Inci with the appropriate State Director (s son Blvd., Arlington VA 22203 (see	see 43 CFR 3165.3)	<ol> <li>The State Direct</li> </ol>	ctor review d	ecision may be a	appeale	ed to the		
Signature of Bureau St Land Manager	neny Rutho	orized Officer			Date		Time	1000		
/ [ /	1 1 1	MT.			1.7	-14-110	1	101111		

Signature of Bureau SLan	d Management Authorized Officer			Date 1-14-00	Time [000]
_/	<del> </del>	FOR OFFICE US	E ONLY		
Number	Date	Assessment	Penalty	Termination	
53					
Type of Inspection					
PI					