

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL  
(Other instructions  
verse 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. <b>LC-032104</b>	
2. NAME OF OPERATOR <b>TEXACO Inc.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>P. O. Box 728 - Hobbs, New Mexico 88240</b>		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 <b>Well located 660' from the <sup>North</sup> East line and 660' from the West Line of Section 29, T-22-S, R-38-E, Unit Letter D</b>		8. FARM OR LEASE NAME <b>A.H. Blinebry NCT-1</b>	
14. PERMIT NO. <b>Regular</b>		9. WELL NO. <b>19</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3390' GR</b>		10. FIELD AND POOL, OR WILDCAT <b>Blinebry &amp; Drinkard</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 29, T-22-S, R-38-E</b>	
		12. COUNTY OR PARISH <b>Lea</b>	13. STATE <b>New Mexico</b>

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Downhole Commingle</u> <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.)\*

The following work has been completed on subject well:

1. Pull rods from both strings.
2. Cut paraffin from both strings.
3. Perforate Blinebry string w/20 shots spiral pattern gun 6842' to 6847'.  
Pumped 100 bbls oil to establish communications w/Drinkard string.
4. Ran pump and rods in Drinkard string.
5. Return to production.
6. On 24 hr PT ending 11:00 AM, March 1, 1971. Pumped 18 bbls oil and 3 bbls wtr. Grav 38°. GOR 6800, 10 - 54" SPM, 1-1/2" pump.

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

SIGNED

TITLE

Assistant District  
Superintendent

DATE March 2, 1971

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

MAR 5 1971

\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO