

OCX - HO 1-15

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT --" for such proposals

5. Lease Designation and Serial No.
LC032104

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well: OIL WELL GAS WELL OTHER

8. Well Name and Number
A.H. Blinebry Fed NCT-1 #22

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC

3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240 397-0422

9. API Well No.
30-025-21050

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter K : 1980 Feet From The FWL Line and 1980 Feet From The

10. Field and Pool, Exploratory Area
Brunson Crinkard

FWL Line Section 20 Township 22S Range 38E

11. County or Parish, State
Lea County, New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Attering Casing
	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. 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,)*.

All remediation completed according to BLM specifications.

14. I hereby certify that the foregoing is true and correct
SIGNATURE Rodney Bailey TITLE EH&S Representative DATE _____
TYPE OR PRINT NAME Rodney G. Bailey

(This space for Federal or State office use)
APPROVED BY (ORIG 000) JAMES LISA TITLE Petroleum Engineer DATE 1/12/1999
CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.