

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instructions on  
reverse 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 330' from the West line and 2310' from the North line of Section 28, T-22-S, R-38-E, Unit Letter E, Lea County, New Mexico.</b>		8. FARM OR LEASE NAME <b>A.H. Blinebry Fed, NCT-1</b>	
14. PERMIT NO. <b>Regular</b>		9. WELL NO. <b>24</b> <i>Bat 3</i>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3386 (DF)</b>		10. FIELD AND POOL, OR WILDCAT <b>Drinkard and Tubb</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 28, T-22-S, R-38-E</b>	
		12. COUNTY OR PARISH <b>Lea</b>	13. STATE <b>N.M.</b>

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 type="checkbox"/>	

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) <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 and pump from Drinkard and Tubb.
2. Perforate w/spiral pattern gun @ 6770' to communicate Tubb and Drinkard zones.
3. Run pump and rods, test and return to production.

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

SIGNED

*[Signature]*

TITLE

Assistant District  
Superintendent

DATE January 20, 1970

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

JAN 29 1970

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side