

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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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. LC-032104
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico		7. UNIT AGREEMENT NAME NONE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well located 330' from the West Line, and 2310' from the North Line of Section 28, T-22-S, R-38-E, Lea County, New Mexico.		8. FARM OR LEASE NAME A. H. Blinebry NCT-1
14. PERMIT NO. Regular		9. WELL NO. 24
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3376' (D. F.)		10. FIELD AND POOL, OR WILDCAT Tubb & Drinkard
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-22-S, R-38-E
		12. COUNTY OR PARISH Lea
		13. STATE N. M.

16. 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 checked="" 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) <input type="checkbox"/>	(Other) <input 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.)*

Total Depth - 7300'
8 5/8" O. D. Casing Cemented at 1396'

Tubb Zone: Ran 7277' of 2 7/8" O. D. Casing, 6.50 LB, NEW, J-55, and cemented at 7289', Plug at 6821'.

Drinkard Zone: Ran 7286' of 2 7/8" O. D. Casing, 6.50 LB, NEW, J-55, and cemented at 7298', Plug at 7288'.

Cemented above strings of 2 7/8" O. D. Casing with 200 Sx. Incor 8% gel with FRA, 400 Sx. Incor 8% gel, and 400 Sx. Incor 4% gel. Pump plugs down with 500 gals acetic acid. Job complete 3:00 A. M. April 20, 1965. Tested each string of 2 7/8" O. D. Casing for 30 minutes with 1500 P. S. I. from 8:00 A. M. to 8:30 A. M. April 21, 1965. Tested O. K. Job complete 8:30 A. M. April 21, 1965.

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

SIGNED H. D. Raymond TITLE Assistant District Superintendent DATE April 22, 1965

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

APR 26 1965

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER