## UNITED STAILS

DEPARTMENT OF THE INTERIOR	LC-032104
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
CHAIDDY NOTIONS AND DEPORTS ON WITH	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas	A. H. Blinebry Federal NCT-1  9. WELL NO.
2. NAME OF OPERATOR TEXACO Inc.	26 84.5 9 85.5
3. ADDRESS OF OPERATOR 88240 P. O. Box 728, Hobbs, New Mexico	10. FIELD OR WILDCAT NAME Blinebry, Drinkard, Tubb (Oil)
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OF BLK. AND SURVEY OR AREA
below.) AT SURFACE:1980' FEL, 660' FNL,	Sec 29, T-22-S, R-38-E
AT TOP PROD. INTERVAL: Unit Letter "B" AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE Lea New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. 44 4 5 5 5 10 10 10 10 10 10 10 10 10 10 10 10 10
REPORT, OR OTHER DATA	15 FI FVATIONO (COLOR)
PEOLIEST FOR ARROWAL TO	15. ELEVATIONS (SHOW DE KOB AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
RACTURE TREAT	odes pure serior some serior s
SHOOT OR ACIDIZE	1979 ESSE SESSE
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone
MULTIPLE COMPLETE	OCIONE SINGO OF COM TOTAL STATE OF STAT
CHANGE ZONES U. S. GEOGRAPHICA	NEW
other)To install tubing in DHC Well	idound in a control in a contro
7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dis-	
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.)*	
1. Rig up. Pull rods & pump. Retrieve	seating ninnla @ 56061
Install BOP.	agazing lithbite @ 2000.
2. Mill out seating nipple @ 6791'. Cle	
man out bodoring mippie @ 0791 . Cie	an out. The same of the same o
3. Run 2 1/16" tubing w/perf. sub & set	
time 2 1, 10 caping w/perr. sub & set	
4. Run rods & pump. Test & return to n	
4. Run rods & pump. Test & return to p	roduction.
ubsurface Safety Valve: Manu. and Type	
B. I hereby certify that the foregoing is true and correct	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
GNED TITLE ASST. Dist. Su	pt. DATE 10-19-79
(This space for Federal or State office	use)
PPROVED BY	DATE

\*See Instructions on Reverse SINCT 2.2 1979

ACTING DISTRICT ENGINEER

OCT 2/10. O.C.D. HOBBS, OFFICE

Colon