

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIP (Other instruction  
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. 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 East Line, and 990' from the North Line of Section 29, 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. 28	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3376' (D.F.)		10. FIELD AND POOL, OR WILDCAT *See Below	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-22-S, R-38-E	
		12. COUNTY OR PARISH Lea	
		13. STATE N. M.	

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 checked="" 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) <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 - 7310'  
8 5/8" O. D. Casing Cemented at 1315'

TUBB ZONE: Ran 7299' of 2 7/8" O. D. Casing, 6.50 LB, J-55, NEW, and cemented at 7310', plug at 6771'.

DRINKARD ZONE: Ran 7299' of 2 7/8" O. D. Casing, 6.50 LB, J-55, NEW, and cemented at 7310', plug at 7303'.

Pump each plug down with 500 gals acetic acid. Cemented above strings of 2 7/8" Casing with 750 Sx. Trinity Lite Wate, and 300 Sx. Incor 4% gel. Tested above strings of 2 7/8" O. D. Casing for 30 minutes with 1500 P. S. I. from 12:15 P. M. to 12:45 P. M. August 21, 1965. Tested. O. K. Job complete 12:45 P. M. August 21, 1965.

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

SIGNED J. E. Jordan  
J. E. Jordan - Field Foreman  
(This space for Federal or State office use)

TITLE Field Foreman

DATE August 23, 1965

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side