

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPL
(Other instruction
verse side)

COPY TO O.C.C.

Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY OFFICE O.C.C.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or recomplete or plug back 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 88240 | 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 1980' from the south line, and 1980' from the east line of Section 20, Township 22 South, Range 38 East, Lea County, New Mexico | 8. FARM OR LEASE NAME A. H. Blinberry Fed. MCT-1 |
| 14. PERMIT NO. Regular | 9. WELL NO. 30 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3395' (DF) | 10. FIELD AND POOL, OR WILDCAT Drinkard |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 20, Township 22 South, Range 38 East |
| | 12. COUNTY OR PARISH Lea |
| | 13. STATE New Mexico |

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 checked="" type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <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) | <input type="checkbox"/> | | <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.) *

We propose to do the following work on subject well:

1. Pull rods and pump.
2. Set RBP @ 7020' to 7025'.
3. Perforate 2 7/8" casing w/1 JSPF @ 6673', 6680', 6704', 6708', 6746', 6778', 6793', 6800', 6804', 6808', 6815', 6820', 6824', 6827', 6832', 6837', 6841', 6849', 6903', 6914', 6947', 6951', 6954', 6956', 6963', 6967', 6974', 6979', 6982', 6988'.
4. Acidize with 12,000 gals 15% retarded in 3 stages of 4,000 gals each w/8 ball sealers between stages.
5. Swab well, test and return to production.

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

SIGNED

Assistant District

TITLE Superintendent

DATE May 27, 1968

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

APPROVED
MAY 29 1968

A. R. BROWN
DISTRICT ENGINEER