

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIP
(Other instruction
verse side)

Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or plug back on different reservoir.
Use "APPLICATION FOR PERMIT TO DRILL" 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. Blinbry Fed. UCT-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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input 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 checked="" 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.)*

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', 6803', 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

TITLE

Assistant District
Superintendent

DATE May 27, 1968

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: