Form 9-331 (May 1963)	DEPARTMENT C	D STATES DF THE INTERIO የርዕትያ የሆኖታዊ የድርጉ	SUBMIT IN TRI ATE Other instructic on re OR verse side)		au No. 42-R1424.	
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drift for to drepted or plug back to a different reservoir. Use "APPLICATION FOR PERMIT_T to rest in postal)				6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE		
1. OIL CAS CAS OTHER				7. UNIT AGREEMENT NAME NONE		
2. NAME OF OPERATOR	TEXACO Inc.				8. FARM OR LEASE NAME A. H. Blinebry NCT-1	
 3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.⁶ 4. See also space 17 below.) At surface Well located 660[†] from the North Line, and 660[†] from the West Line of Section 28, T-22-S, R-38-E, Lea County, N. M. 14. PERMIT NO. 				9. WELL NO. 33 10. FIELD AND FOOL, OR WILDCAT *See below 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
				Sec. 28, T-22 12. COUNTY OB PARISE		
Regular	I	Not available		Lea	N. M.	
16. N	Check Appropriate NOTICE OF INTENTION TO:	Box To Indicate No	ature of Notice, Report, or subspo	Other Data QUENT REPORT OF:		
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALT MULTIPLE C ABANDON* CHANGE PLA	OMPLETE	FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	X REPAIRING C ALTERING C ABANDONME s of multiple completion pletion Report and Log fo	ASING	
TUBB ZONE:	Ran 7 332 ' c cemented at	of 2 7/8" O. D. 5 7345', plug a	Casing, 6.50 LB, J t 6880'.	-55, NEW, and	· · · · · · · · · · · · · · · · · · ·	
DRINKARD ZO	cemented at <u>NE:</u> Ran 7337، o	5 7345", plug a	t 6880 ¹ . Casing, 6.50 LB, J			
plus 500 Sx Job complet casing for j	ove strings of 2 . Incor 4% gel. e 8:00 A. M. Dec 30 minutes with	Pump both plu ember 9, 1965. 1500 P. S. I.	sing with 500 Sx. Tr gs down with 500 gal Tested both string from 8:45 A. M. to 9 5 A. M. December 10	ls acetic acid. gs of 2 7/8" 0. 9:15 A. M. Dece	D	
					•	
18. I hereby certify that t SIGNED	an Gillett	TITLE AS	sistant District perintendent	DATE Decem	per 13, 19	
(This space for Federa	al or State office use)	<u>መነመ፣ ኩ</u>				
CONDITIONS OF APP	PROVAL, IF ANY :	TITLE	APP	date Roved	· · ·	
		*See Instructions o	n Reverse Side DEC	1 6 1965		