

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP
(Other instruction
verse side)ATE*
1 re-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 1980' from the South Line, and 660' from the East Line of Section 20, T-22-S, R-38-E, Lea County, N. M.		8. FARM OR LEASE NAME A. H. Blinbry NCT-1
14. PERMIT NO. Regular		9. WELL NO. 34
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3398' (D. F.)		10. FIELD AND POOL, OR WILDCAT Drinkard
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-22-S, R-38-E
		12. COUNTY OR PARISH Lea
		13. STATE N. M.

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 checked="" 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 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.)*

Total Depth - 7395'
8 5/8" O. D. Casing Cemented at 1404'

Ran 7379' of 2 7/8" O. D. Casing, 6.50 LB, J-55, NEW, and cemented at 7392' with 700 Sx. Trinity Lite Wate, plus 400 Sx. Class "C" 4% gel. Plug at 7382'. Job complete 2:00 A. M. January 27, 1966.

Tested 2 7/8" O. D. Casing for 30 minutes with 1500 P. S. I. from 2:00 A. M. to 2:30 A. M. January 28, 1966. Tested O. K. Job complete 2:30 A. M. January 28, 1966.

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

SIGNED

Dan Gillett

TITLE

Assistant District

DATE

January 28, 1966

(This space for Federal or State office use)

Superintendent

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

JAN 31 1966

J. L. GORDON
ACTING DISTRICT SUPERINTENDENT