

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032104

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
NCT-1
A.H. Blinebry Fed.

9. WELL NO.
39

10. FIELD AND POOL, OR WILDCAT
Undesignated

11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA
Sec. 19, T-22-S,
R-38-E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

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 GAS WELL OTHER

2. NAME OF OPERATOR
TEXACO Inc.

3. ADDRESS OF OPERATOR
P. O. Box 728, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface Well is located 1980' FSL, 988' FEL of Section
19, Township 22-S, Range 38-E, Unit Letter "I",
Lea County, New Mexico.

14. PERMIT NO.
Regular

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
3371' (GR)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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 7511'
13 3/8" OD 48# H-40 Casing Set @ 400'
9 5/8" OD 32# & 36# H-40 Casing Set @ 2910'

1. Ran 4856' (119 Jts.) 7" OD 23# & 26# K-55 Casing Lines & Set @ 7511'.
Top of liner 2655'.
2. Cement Liner w/350 sx. TLW w/.3% CFR-2 Followed w/300 sx. Class 'C'
Cement w/.3% CTR-2, Cement Circulated Job Complete 5:45 A.M., 12-23-75.
3. Test top of 7" Casing Liner w/1500# for 30 minutes, 1:15 P.M.-1:45 P.M.,
12-23-75. Tested O.K..
4. Drill Out Cement.
5. Re-test 7" Liner w/1500# for 30 minutes, 5:00-5:30 p.m., 1-5-76.
Tested O.K..
6. Job Complete 5:30 pm, 1-5-76.

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

SIGNED *[Signature]* TITLE Asst. Dist. Supt. DATE 1-12-76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

[Signature]