Form 9-331 (Mar 1963)

UNI 'D STATES

SUBMIT IN TRIPLIC 'E*

Form approved.

DEPARTI		au No. 42-R1424.	
	5. LEASE DESIGNATION	AND SERIAL NO.	
	LC-032104		
SUNDRY NOT (Do not use this form for propos Use "APPLICA"	6. IF INDIAN, ALLOTTED	E OR TRIBE NAME	
I. OIL TV GAS TO		7. UNIT AGREEMENT NA	ME
WELL X GAS WELL OTHER	_		
2. NAME OF OPERATOR	8. FARM OR LEASE NAME		
TEXACO Inc.	A.H. Blinebry Fed. NCT-1		
3. ADDRESS OF OPERATOR	9. WELL NO.	100. 1101-1	
P.O. Box 728 - Hobbs,	39		
4. LOCATION OF WELL (Report location of See also space 17 below)	10. FIELD AND POOL, OF	R WILDCAT	
At surface Well is	Undesignated 11. SBC., T., R., M., OR BLK. AND SURVEY OR AREA		
from east line of Sec.			
Letter I, Lea County, 1			
	TEN TENTED.	Sec. 19, T-22	-S,
14. PERMIT NO.	15 EUDUADIONG (CL., 1.)	R-38-E	
	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
Regular	3371' (GR)	Lea	New Mexico
16. Check Ap	propriate Box To Indicate Nature of Notice, Report, or	Other Data	

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING	REPAIRING WELL ALTERING CASING ABANDONMENT*
REPAIR WELL		CHANGE PLANS		(Other)	
(Other)				(Note: Report results of m Completion or Recompletion	ultiple completion on Well 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.)*

Spud 17-1/2" Hole, 10:00 A.M., 12-2-75

Total Depth 400'

- Ran 390' (10 jts) 13-3/8" OD 48# H-40 casing and set 0 400'.
 Cemented w/650 sx. Class 'C' cement w/1% CaCl. Job complete 11:15 P.M. 12-2-75.
 Tested 13-3/8" OD casing w/500# for 30 minutes 9:30-10:00 P.M. 12-3-75. Tested 0.K.
- 4. Drill out cement.
- 5. Test casing for 30 minutes 12:00-12:30 A.M. 12-4-75. Tested 0.K.
- Job complete 12:30 A.M. 12-4-75.

<u> </u>	TITLE ASST. Dist. Supt.	DATE 12-16-75
This space for Federal or Staty office use) PPROVED BY ONDITIONS OF APPROVAL, IF ANY:	ACCEPTED FOR	RECORD DATE
	*See Instructions on Reverse SidgeOLOGU. S. HOBBS, NE	ICAL SURVEY