D

	Audget Buleau No. 42-R14		
UNITED STAT	5. LEASE		
EPARTMENT OF THE INTERIOR	10-032104		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	_	
NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME	_	
n for proposals to drill or to deepen or plug back to a different			

	5 t W W W
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to deepen or plug back to a different	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such promasals.)	8. FARM OR LEASE NAME
1. oil gas other	A. H. Blinebry Fed. NCT-1
Meil An Meil - Offiet	9. WELL NO.
2. NAME OF OPERATOR	40 23 50 49 89 89 89 89 89 89 89 89 89 89 89 89 89
TEXACO-Inc.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Drinkard & Wantz Granite Was
P.O. Box 728, Hobbs, New Mexico 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OF
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA ALAU DE ENAS
below.)	Sec. 19, T-22-S, R-38-6
AT SURFACE: 660'FSL & 660'FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Unit Letter "P"	
AT TOTAL DEPTH:	14. API NO. 35.05 New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	<u> </u>
,	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3374'(GR)
TEST WATER SHUT-OFF	5 5 5 B B B B B B B B B B B B B B B B B
FRACTURE TREAT	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
SHOOT OR ACIDIZE	1
REPAIR WELL	- ALOTE D
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	그 선택했습니다 등 열등 사용 다음
(other) Downhole Commingle	

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.)*

1. Rig up. Pull rods & pump. Install Bop. Pull tubing. . Mill out CIBP @ 7320' & Clean out. 3. Install producing equipment.
1. Test & return well to production as downhole

Subsurface Safety Valve: Manu. and Type		2 2 3 3 3 3 3 5 5 F
18. I hereby certify that the foregoing i	is true and correct	
SIGNED CONTRACTOR	(This space for Federal or State office use)	1-13-78
APPROVED BY CONDITIONS OF APPROVAL. IF ANY:	TITLE DATE	

*See Instructions on Reverse Side

APPROVED

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JAMES F. SIMS DISTRICT ENGINEER