## UNITED STATES SUBMIT IN TRIPLICATES Budget Rureau No. 42-R1424. DEPARTMEN OF THE INTERIOR (Other instructions respectively) The interior of the instructions of the instructions of the instructions of the instruction of t

GEOLOGICAL SURVEY				LC-0	32104		
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.)					ALLOTTEE OR THIBE NAME		
1. OIL C. GAS C				7. UNIT AGRE	EMENT NAME		
WELL X WELL OTHER  2. NAME OF OPERATOR							
TEXACO Inc.				8. FARM OR I	1/CT-		
3. ADDRESS OF OPERATOR				9. WELL NO.	Blinebry Fed. N		
P. O. Box 728, Hobbs. New Mexico 88240				40	40		
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.)					10. FIELD AND POOL, OR WILDCAT		
At surface					Undesignated		
Well is located 660' FSL & 660' FEL, Sec. 19, T-22-S, R-38-E, Unit Letter "P", Lea County,				11. SEC., T., I	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
New Mexico.	unit Letter "P",	, Lea Co	unty,	900 10	) m 00 a n 20 :		
14. PERMIT NO.				Sec. 19, T-22-S,R-38-F			
Regular	33741	(GR)		Lea	Į.		
			(N) D		1 14 11 1		
	ck Appropriate Box To India	case Nature (					
NOTICE O	F INTENTION TO:		SUB	SEQUENT REPORT OF	· :		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	_	VATER SHUT-OFF	X RE	PAIRING WELL		
FRACTURE TREAT	MULTIPLE COMPLETE	-	RACTURE TREATMENT	AL.	TERING CASING		
SHOOT OR ACIDIZE REPAIR WELL	ABANDON*		SHOOTING OR ACIDIZING	AB	ANDONMENT*		
(Other)	CHANGE PLANS	'	Other) (Note: Report_res	sults of multiple con	mpletion on Well		
17. DESCRIBE PROPOSED OR COMPLET	TED OPERATIONS (Clearly state all p directionally drilled, give subsurface	pertinent details ce locations and	and also bestiness de	ompletion Report an ates, including estin rtical depths for al			
	SPUD 17½" H	Nole 3:00	P.M., 12-2	26-75			
	TOTAL	DEPTH 40	)O 1				
12-28-75. Tested 13 3/8 12-28-75. Tested 13 3/8' 5. Tested 13 3/8' 12-28-75. Tested 13	ent. 'O.D. Casing w/50	% for 30	minutes 5:	30-6:00 A	.M.,		
18. I hereby certify that the foreg SIGNED (This space for Federal or Sta	TITLE	Asst.	Dist Supt.	DATE _	1-7-76		
APPROVED BY	TIT(!)			DATE	<i>f</i>		
CONDITIONS OF APPROVAL	, IF ANI:				V1		