

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

LC-032104

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"/> | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME - |
| 2. NAME OF OPERATOR TEXACO Inc. | | 7. UNIT AGREEMENT NAME - |
| 3. ADDRESS OF OPERATOR P.O. Box 728 - Hobbs, New Mexico 88240 | | 8. FARM OR LEASE NAME A.H. Blinbry Fed. NCT-1 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well is located 330' FSL & 2310' FEL of Section 19, T-22-S, R-38-E, Unit Letter 'O', Lea County, New Mexico. | | 9. WELL NO. 41 |
| 14. PERMIT NO. Regular | 15. ELEVATIONS (Show whether DE, ET, GR, etc.) 3358' (GR) | 10. FIELD AND POOL, OR WILDCAT Undesignated |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 38 Sec. 19, T-22-S, R-38-E |
| | | 12. COUNTY OR PARISH Lea |
| | | 13. STATE New Mexico |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <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 7550'
Plug Back Total Depth 7508'

13-3/8" OD 59.5# Csg set @ 400'
9-5/8" OD 36# K-55 Csg set @ 2902'
7" OD 23# & 26# Csg liner set from 2662'-7550'

1. Perforate 7" csg w/2 JSPF @ 7386', 92', 98', 7404', 12', 22' & 7445'.
2. Set Packer @ 7335'. Acidize perforations 7386'-7445' w/1000 gal. Mod-101 & 14 Ball Sealers.
3. Frac perforations 7386-7445' w/1000 gals 10% Mod-101 Acid & 16,000 gals gelled kerosene containing 16,500# 20/40 sand in 4 equal stages.
4. Install pumping equipment. On 24 hr. potential test ending 12-16-76, well pumped 44 Bbls oil & no water. GOR 950. Produced from Granite-Wash perforations.

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

SIGNED [Signature]
(This space for Federal or State office use)

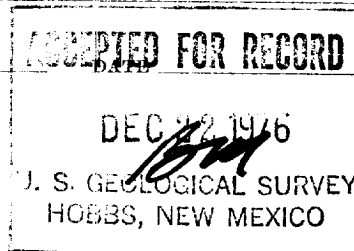
TITLE Asst. District Supt.

DATE 12-20-76

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side



RECEIVED

FEB 20 1976

OIL COMMISSION COMM.
DOBBY, N. M.