Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE
LC-032104

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
A. H. Blinebry Federal NCT-3

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
Brunson Abo, South

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31, T-22-S, R-38-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3314' (GR)

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 Form 9-331-C 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. See space 17 below.)
AT SURFACE: 500' FNL & 550' FWL
AT TOP PROD. INTERVAL: (Unit Letter 'D')
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☐
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☒		☐
ABANDON*	☐		☐
(other)			

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

NOTICE OF INTENTION TO DRILL (FORM 3160-3), INDICATED DRINKARD FIELD AS PROPOSED COMPLETION FORMATION. IT IS REQUESTED THAT TEXACO BE PERMITTED TO CHANGE COMPLETION TO THE ABO ZONE.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W. A. Baker III TITLE Dist. Opr's. Mgr. DATE 11-27-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 12-10-84

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side