orm 9-331
Dec. 1973

Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 [X] 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 & 558' FWL (Unit Letter D)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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
Drinkard

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)

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

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

(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.)*

SPUD 15" HOLE 11:00 PM, 10-14-84
TOTAL DEPTH 1180'

1. RAN 1166' (29 JTS) 11 3/4" OD 42# J-55 CSG AND SET @ 1180'.
2. CEMENTED W/1600 SX CLASS H CEMENT CONTAINING 5# GILSONITE AND 2% CACL PER SACK FOLLOWED W/200 SX CLASS H CEMTN CONTAINING 2% CACL. CEMENT CIRCULATED. JOB COMPLETE 9:00 AM, 10-16-84. WOC 18 HRS.
3. TESTED 11 3/4" CASING TO 600# FOR 30 MINUTES, 4:00-4:30 AM, 10-17-84. TESTED OK. JOB COMPLETE 4:30 AM, 10-17-84.

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

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

SIGNED W. B. Baker II TITLE Dist. Operation Mgr DATE 10-24-84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 31 1984

Carlsbad, NEW MEXICO

*See Instructions on Reverse Side