Type of Inspection

Number	AJM-093-00				
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UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

	Identification
ΠD	
Lease	NMLC032104
CA	
Unit	
D.1	

Hand Delivered Received	NOTICE OF IN	CIDENTS OF	NON	COMPLI	ANCE	CA Unit	
∟ by	NOTICE OF INC	LIDENTS OF	NON	COMPLI	ANCE	PA	
Bureau of Land Management Office		Operate	or	····	·		
HOBBS INSPECTION OFFICE				TEXACO EX	PLORATION	& PROD	INC
Address 414 WEST TAYLOR HOBBS NM 88240		Addres	s		EAST BEND BBS NM 88		
Telephone 505.393.3612		Attenti	Attention JOHN AYERS				
Inspector		Attn A	Attn Addr P O BOX 730 HOBBS NM 88240				
Site Name	drea Massengill Well or Facility	Towns	nip		Meridian	Section	1/4 1/4
AH BLINEBRY 1	42	i i	228	38E	NMP	33	NESW
	TION WAS FOUND BY BUREAU	OF LAND MANAGEME	NT INSPE	CTORS ON THE	DATE AND AT	THE SITE L	ISTED ABOVE
Date	Time (24 - hour	clock)	Violation Gravity of Violat		of Violation		
01/14/2000			43 CF	FR 3162.3-4(c)		MI	NOR
Corrective Action To Be Completed By	Date Correct	ed	Assessmen	t for Noncomplianc	e	Assessment Reference	
02/09/2000			····			43 CFR	3163.1()
When violation is corrected, sign this Company Representative Title	notice and return to above address.	Signature (Q. F	Jense (Frake	Date 6	2-22-vi
Incidents of Noncompliance correcarlier. Each violation must be coaddress shown above. Please note	prrected within the prescribed time	from receipt of this No	Notice or	eported to the Bu	reau of Land Ma	magement o	ffice at the
not comply as noted above under Civil Penalties (43 CFR 3163.2).	"Corrective Action To Be Comple	ted By" you may incur	an additio	nal assessment ui	nder (43 CFR 31	63.1) and m	ay also incur
Section 109(d)(1) of the Federal C Title 43 CFR 3163.2(f)(1), provid notices, affidavits, record, data, of day such violation continues, not	les that any person who "knowing! or other written information require	v or willfully" prepares	. maintain	s, or submits, fals	e, inaccurate, or	r misleading	reports,
A person contesting a violation shreceipt of the Incidents of Noncor Interior Board of Lands Appeals, for further information.	nall request a State Director review	e Director (see 43 CFR)	ncomplian 3165.3).	ice. This request The State Directo	r review decisio	n may be ap	pealed to the
Signature of Bureau of band Manager	ment Addrorized Officer				Date		Time
(Sudi	Contos				/-/	4-00	1000
- Carring		FOR OFFICE USE	ONLY				
Number 53	Date	Assessment		Penalty		Termination	

