

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPLICATE  
(Other Instructions on re-verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-032104
2. NAME OF OPERATOR TEXACO INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 728, HOBBS, N.M. 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 450' FWL		8. FARM OR LEASE NAME A.H. BLINEBRY FED NCT-1
14. PERMIT NO. 30-025-29353		9. WELL NO. 43
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3377' GL		10. FIELD AND POOL, OR WILDCAT
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T22S, R38E
		12. COUNTY OR PARISH Lea
		13. STATE NM

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 checked="" type="checkbox"/>
(Other) <input type="checkbox"/> Drilling	

(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 7780' TD  
33 Jts 11 3/4", 42#, J-55 csg. set at 1350'

1. Ran 191 jts, 5 1/2" 17# and 15.5#, J-55, LT&C csg set at 7780'.
2. Cmd. w/1550 sx 50/50 POZ "H" w/1/4# per sk Floseal, circ. out 400 sx to surf. Cmd. w/1800 sx Halib. LW w/15# per sk salt and 1/4# per sk Floseal. JC. WOC in excess of 18 hours.
3. Tstd csg to 1000# for 30 min. 7:00-7:30 AM, tstd. OK. 9/13/85. JC at 7:30 AM.

RECEIVED

OCT 07 1985

HOBBS, NEW MEXICO

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

SIGNED WAB

TITLE DIST OPR MGR

DATE 9/23/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD  
CONDITIONS OF APPROVAL IF ANY

TITLE

DATE

OCT 11 1985

\*See Instructions on Reverse Side

RECEIVED  
OCT 15 1985  
J.C.B.  
HOADS OFFICE