

DEPARTMENT

BUREAU OF

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Form No. 1004-135
 1985
 LEASE DESIGNATION AND SERIAL NO.

LC-032104

IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug, box or different reservoir.
 Use "APPLICATION FOR PERMIT" for such proposals.)

HOBBS, NEW MEXICO 88240

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TEXACO INC.

3. ADDRESS OF OPERATOR

P.O. Box 728, Hobbs, NM 88240

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3377' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

A. H. Blinebry Fed. NCT-1

9. WELL NO.

43

10. FIELD AND POOL, OR WILDCAT

See below*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 33, T-22-S, R-38-E

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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Drilling

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 1350'

1. Ran 33 jts 11-3/4" 42# J-55 csg. Set @ 1350'.
2. Cmt'd w/1500 sx Cl H cmt, 2% CaCl, 1/4# flocele. Cir 150 sx. JC. WOC in excess of 18 hrs.
3. Tstd csg to 1650# for 30 mins. 5-5:30 A.M., 08-25-85. Tstd O.K. JC 5:30 A.M.

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

SIGNED

WABaker II

TITLE

Dist. Oper. Mgr.

DATE

09-04-85

(This space for Federal or State office use)

APPROVED BY: FOR RECORD
 CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

OCT 11 1985

*See Instructions on Reverse Side

RECEIVED
OCT 15 1985
O.C.D.
LABOR OFFICE