

N. M. STATE DEPT. OF THE INTERIOR
P. O. BOX 728
HOBBS, N.M. 88240

Form 9-331
Dec. 1973

Form Approved.
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 ☒ gas well ☐ other ☐
2. NAME OF OPERATOR
TEXACO INC.
3. ADDRESS OF OPERATOR
P.O. BOX 728, HOBBS, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 450' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Spudded well

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
LC-032104
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
A.H. Blinebry Fed NCT-1
9. WELL NO.
43
10. FIELD OR WILDCAT NAME
See below *
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33, T-22S, R-38E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3377' GL

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

*Blinebry Oil & Gas, Tubb Oil & Gas, Drinkard, Brunson Abo South, Brunson Ellenburger South Fields.

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.)*

Spudded 15" hole at 3:30 PM, 8/20/85, TD-600'.

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

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

SIGNED W.A. Bahr TITLE Dist. Opr. Mgr DATE 8/23/85

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: _____

SEP 9 1985

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

SEP 11 1985

HOBBS OFFICE