

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT --" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well: ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240 397-0405

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Unit Letter F : 1980 Feet From The NORTH Line and 1700 Feet From The  
WEST Line Section 33 Township 22S Range 38E

5. Lease Designation and Serial No.  
LC032104

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number  
BLINEBRY, A. H. FEDERAL NCT-1  
44

9. API Well No.  
30 025 30042

10. Field and Pool, Exploatory Area  
BRUNSON DRINKARD - ABO, SOUTH

11. County or Parish, State  
LEA, NEW MEXICO

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION

TYPE OF ACTION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Attering Casing  
☒ OTHER: CASING INTEGRITY TEST

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. 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.) \*

5-01-98

1. NOTIFIED BLM. CIBP SET @ 6383'. DUMP 35' CMT ON CIBP.  
2. TESTED CSG TO 500# FOR 30 MIN. HELD OK.

(ORIGINAL CHART OR COPY OF CHART ON BACK)

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant

DATE 5/8/98

TYPE OR PRINT NAME J. Denise Leake

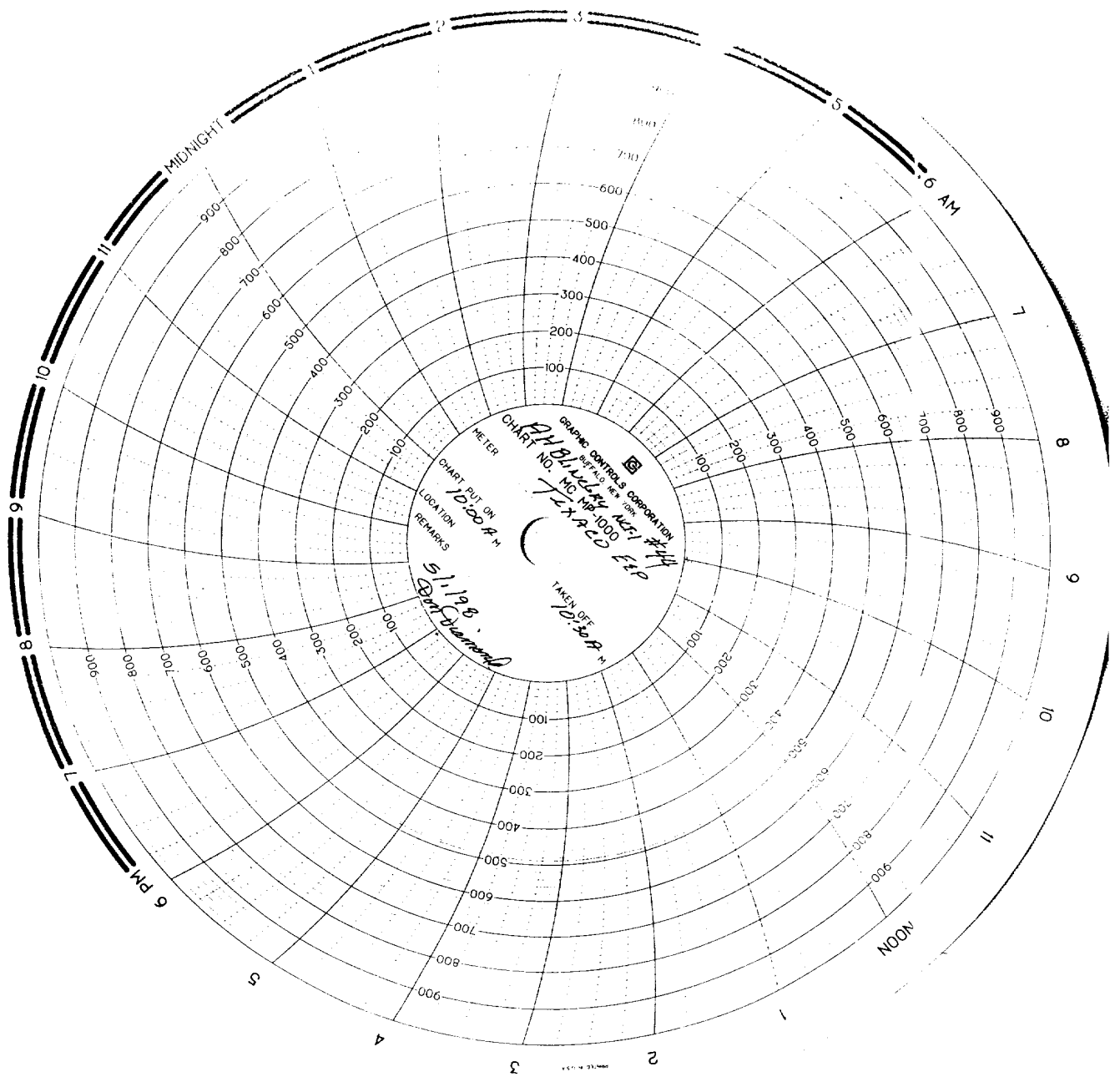
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT --" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well: ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240 397-0405

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Unit Letter F : 1980 Feet From The NORTH Line and 1700 Feet From The  
WEST Line Section 33 Township 22S Range 38E

5. Lease Designation and Serial No.

LC032104

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number

BLINEBRY, A. H. FEDERAL NCT-1

44

9. API Well No.

30 025 30042

10. Field and Pool, Exploaratory Area  
BRUNSON DRINKARD - ABO, SOUTH

11. County or Parish, State

LEA, NEW MEXICO

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Attering Casing
	<input checked="" type="checkbox"/> OTHER: CASING INTEGRITY TEST
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. 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,)\*.

5-01-98

1. NOTIFIED BLM. CIBP SET @ 6383'. DUMP 35' CMT ON CIBP.
2. TESTED CSG TO 500# FOR 30 MIN. HELD OK.

(ORIGINAL CHART OR COPY OF CHART ON BACK)

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

SIGNATURE

*J. Denise Leake*  
J. Denise Leake

TITLE

Engineering Assistant

DATE

5/8/98

TYPE OR PRINT NAME

J. Denise Leake

(This space for Federal or State office use)

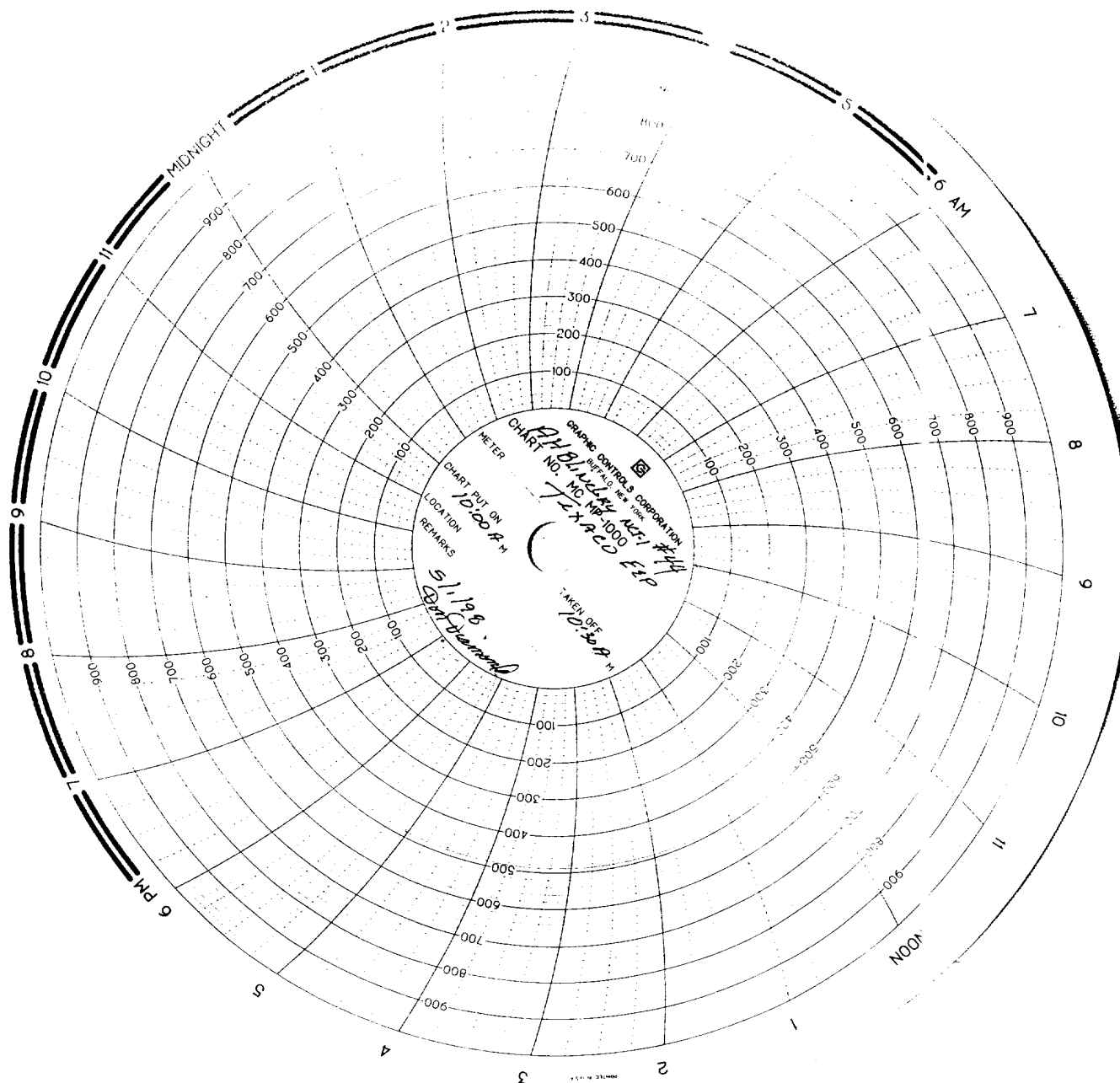
APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT --" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well: ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240 397-0405

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Unit Letter F : 1980 Feet From The NORTH Line and 1700 Feet From The  
WEST Line Section 33 Township 22S Range 38E

5. Lease Designation and Serial No.

LC032104

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number

BLINEBRY, A. H. FEDERAL NCT-1

44

9. API Well No.

30 025 30042

10. Field and Pool, Exploatory Area  
BRUNSON DRINKARD - ABO, SOUTH

11. County or Parish, State

LEA, NEW MEXICO

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION

TYPE OF ACTION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Atlering Casing  
☒ OTHER: CASING INTEGRITY TEST

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. 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,)\*.

5-01-98

1. NOTIFIED BLM. CIBP SET @ 6383'. DUMP 35' CMT ON CIBP.  
2. TESTED CSG TO 500# FOR 30 MIN. HELD OK.

(ORIGINAL CHART OR COPY OF CHART ON BACK)

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant

DATE 5/8/98

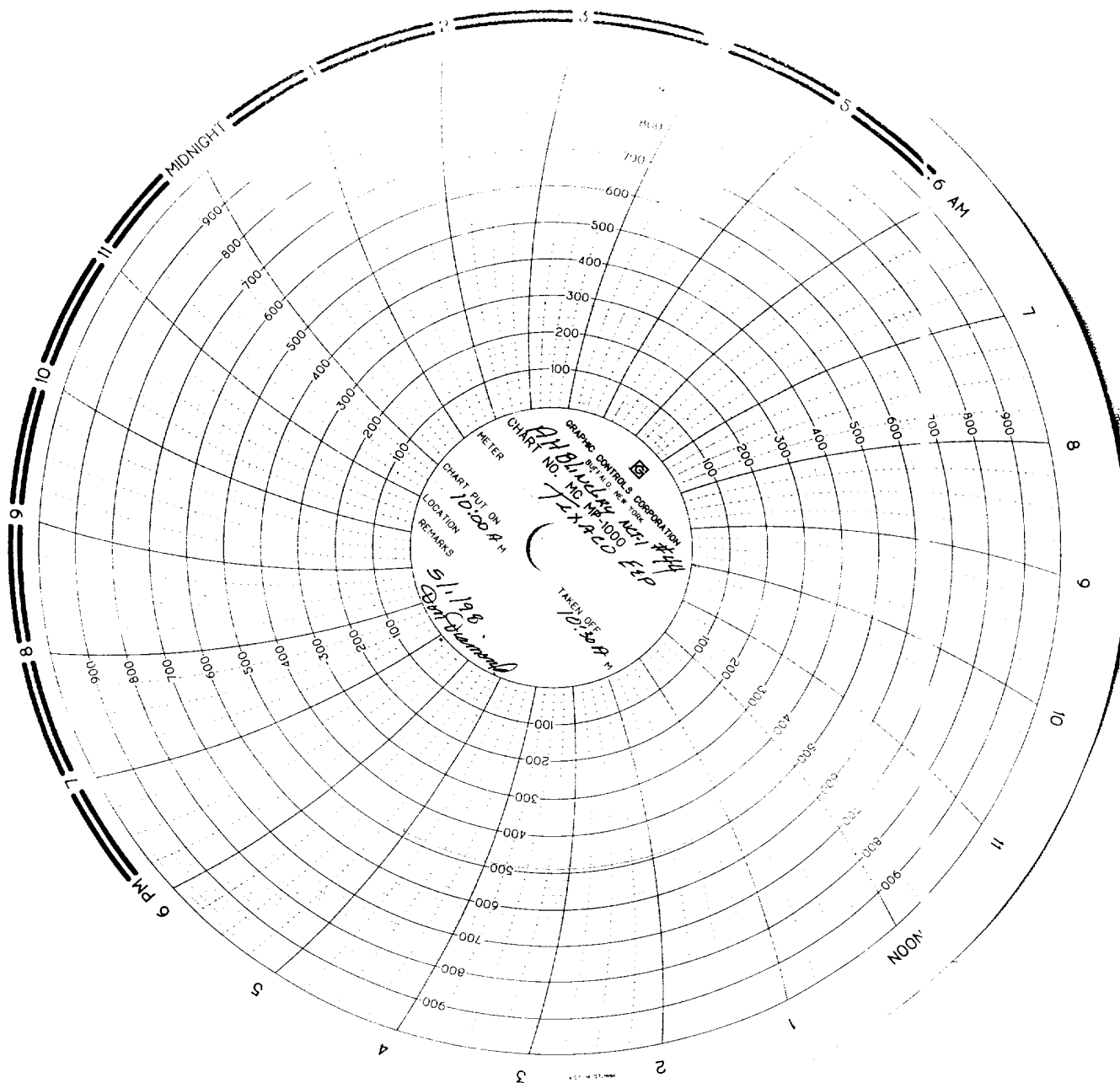
TYPE OR PRINT NAME J. Denise Leake

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT --" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well: ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240 397-0405

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Unit Letter F : 1980 Feet From The NORTH Line and 1700 Feet From The  
WEST Line Section 33 Township 22S Range 38E

5. Lease Designation and Serial No.  
LC032104

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number  
BLINEBRY, A. H. FEDERAL NCT-1  
44

9. API Well No.  
30 025 30042

10. Field and Pool, Exploratory Area  
BRUNSON DRINKARD - ABO, SOUTH

11. County or Parish, State  
LEA, NEW MEXICO

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Attering Casing
	<input checked="" type="checkbox"/> OTHER: CASING INTEGRITY TEST
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. 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.) \*

5-01-98

1. NOTIFIED BLM. CIBP SET @ 6383'. DUMP 35' CMT ON CIBP.
2. TESTED CSG TO 500# FOR 30 MIN. HELD OK.

(ORIGINAL CHART OR COPY OF CHART ON BACK)

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 5/8/98

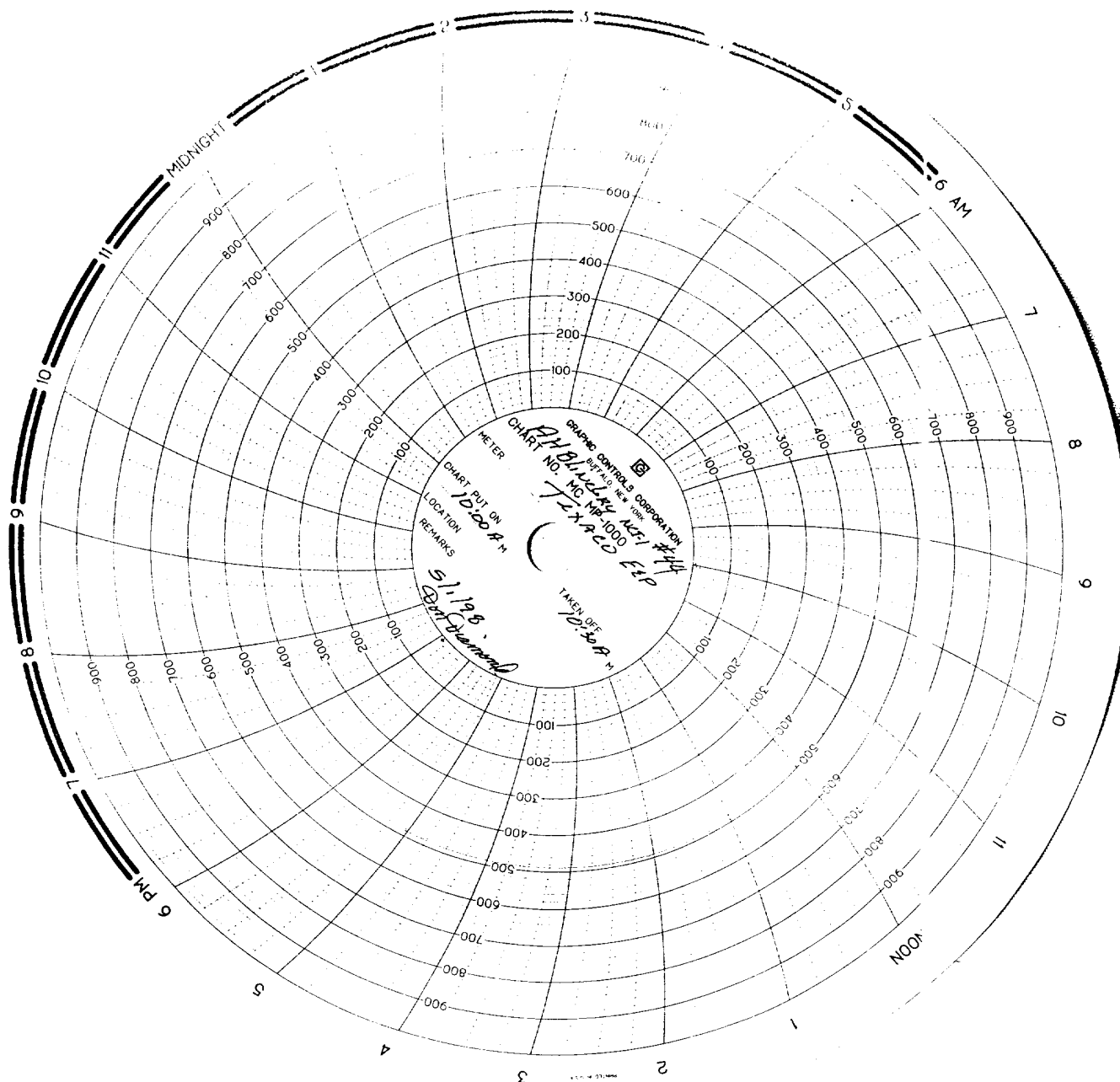
TYPE OR PRINT NAME J. Denise Leake

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.





UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT --" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well: ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240 397-0405

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Unit Letter F : 1980 Feet From The NORTH Line and 1700 Feet From The  
WEST Line Section 33 Township 22S Range 38E

5. Lease Designation and Serial No.  
LC032104

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number  
BLINEBRY, A. H. FEDERAL NCT-1  
44

9. API Well No.  
30 025 30042

10. Field and Pool, Exploratory Area  
BRUNSON DRINKARD - ABO, SOUTH

11. County or Parish, State  
LEA, NEW MEXICO

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Attering Casing
	<input checked="" type="checkbox"/> OTHER: CASING INTEGRITY TEST
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. 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,)\*.

5-01-98

1. NOTIFIED BLM. CIBP SET @ 6383'. DUMP 35' CMT ON CIBP.
2. TESTED CSG TO 500# FOR 30 MIN. HELD OK.

(ORIGINAL CHART OR COPY OF CHART ON BACK)

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

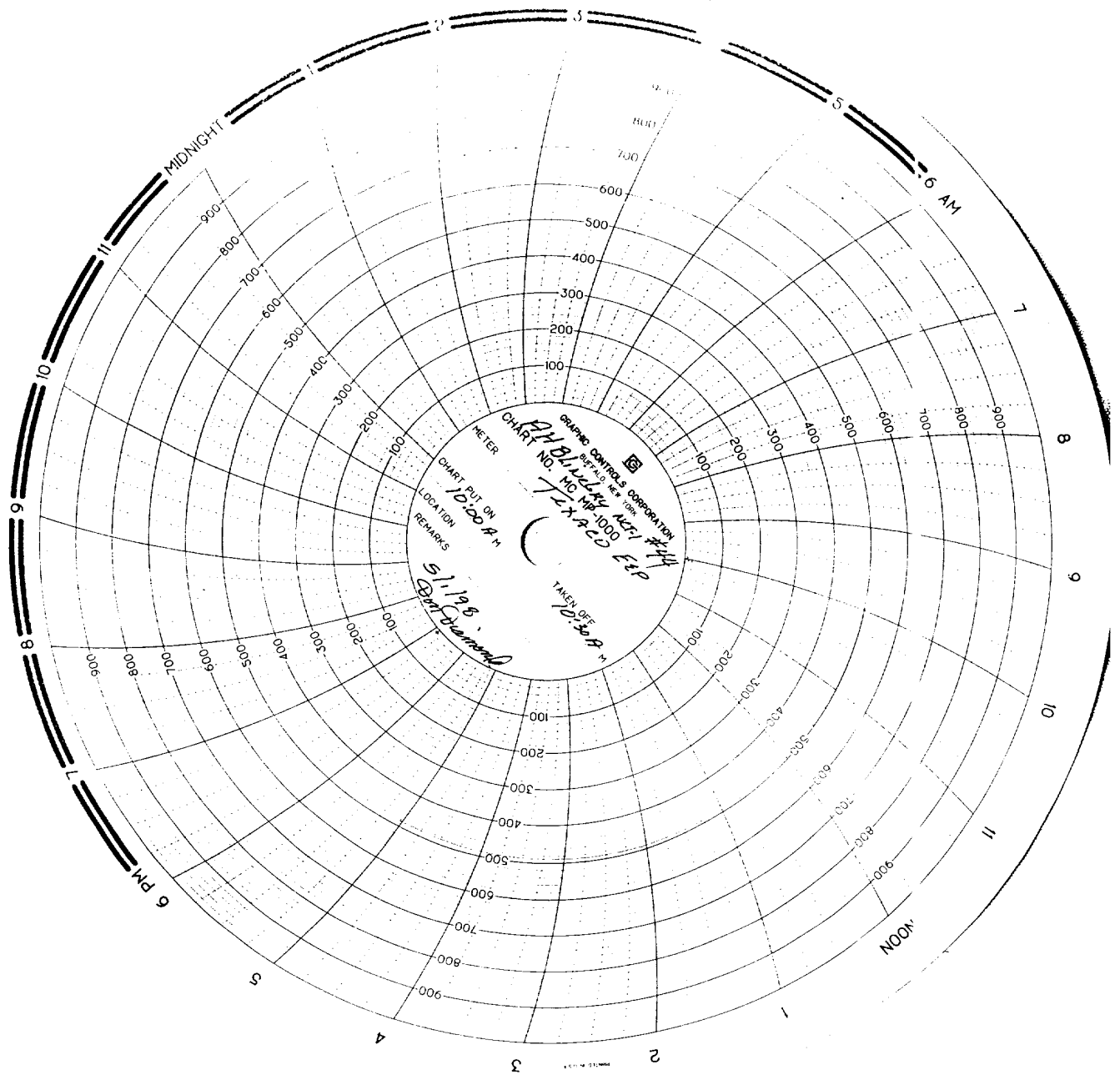
SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 5/8/98  
TYPE OR PRINT NAME J. Denise Leake

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT --" for such proposals

5. Lease Designation and Serial No.  
LC032104

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number  
BLINEBRY, A. H. FEDERAL NCT-1  
44

9. API Well No.  
30 025 30042

10. Field and Pool, Exploatory Area  
BRUNSON DRINKARD - ABO, SOUTH

11. County or Parish, State  
LEA, NEW MEXICO

SUBMIT IN TRIPLICATE

1. Type of Well: ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240 397-0405

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letter F : 1980 Feet From The NORTH Line and 1700 Feet From The

WEST Line Section 33 Township 22S Range 38E

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION

TYPE OF ACTION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Atlering Casing  
☒ OTHER: CASING INTEGRITY TEST

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. 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,)\*.

5-01-98

1. NOTIFIED BLM. CIBP SET @ 6383'. DUMP 35' CMT ON CIBP.  
2. TESTED CSG TO 500# FOR 30 MIN. HELD OK.

(ORIGINAL CHART OR COPY OF CHART ON BACK)

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 5/8/98

TYPE OR PRINT NAME J. Denise Leake

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

