

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
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"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR TEXACO INC		8. FARM OR LEASE NAME A.H. BLINEBRY FED. NCT-1
3. ADDRESS OF OPERATOR P.O. Box 728, HOBBS, NM 88240		9. WELL NO. 44
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1700' FWL (UNIT LETTER F)		10. FIELD AND POOL, OR WILDCAT BRUNSON ABO SOUTH
14. PERMIT NO. REGULAR 9/4/87		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 33, T22S, R38E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 3368.5		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>SPUD NOTICE & SURFACE CASING</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

Spud well #44 at 1:00 pm 9-23-87
TD 15" hole at 8:30 pm 9-24-87. TD @ 1350'
Ran 31 jfs 11 3/4" 42# H-40 STC casing. Set @ 1350'.
Cemented w/ 1500 sxs Class 'H' 2% CaCl, 1/4# D-29 cement.
Temperature Survey TOC @ 590'
Ran 1" pipe to 300'. Cemented with 500 sxs class 'H' 2% CaCl.
Circulated 150 sxs ^{cement} to pit.

RECEIVED NOV 16 1987

NOV 20 1987

SJS

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

SIGNED K.L. Johnson TITLE AREA SUPERINTENDENT DATE NOV 16 1987

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

RECEIVED

NOV 25 1987

OCC
HOBBS OFFICE