(Formerly 9–331) DEPART	UNITE STATES MENT JA THE INTER	and a second	Form approved. Budget Bureau No. Expires August 31 5. LEASE DESIGNATION AND NM-27723	, 1985	
(Do not use this form for propos	TICES AND REPORTS	back to a different reservoir.	6. IF INDIAN, ALLOTTEE OF	TRIBE NAME	
I. OIL GAS WELL OTHER			7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR			8. FARM OR LEASE NAME E.E. Blinebry	8. FARM OR LEASE NAME E.E. Blinebry "B"	
Texaco Inc. 3. ADDRESS OF OPERATOR			Federal NCT-2 9. WBLL NO.	<u>Federal NCT-2</u>	
P.O. Box 728, Hobbs, N	New Mexico 88240	Charles and the second se	1	<u> </u>	
LOCATION OF WELL (Report location clearly and in accordance with any State requirements." See also space 17 below.) At surface Unit Letter M, 660' FSL & 660' FWL			10. FIELD AND POOL, OR WILDCAT Langlie Mattix Seven Rivers Queen 11. BBC., T., E., M., OB BLK. AND BURVEY OR AREA		
			S26, T23S, R371	F	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF	, RT, GR, etc.)	12. COUNTY OR PARISH 13	3. STATE	
30-025-10843	3466' DF		Lea	NM	
Check A;		lature of Notice, Report, or C	Other Data		
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPE proposed work. If well is direction nent to this work.)* 1. MIRU. 2. TIH with workstrint Casing held okay. 3. Tagged CIBP at 490 4. Pulled up and spot 5. Pulled up and sop 6. Perforate 5 1/2" constants of the second seco	onally drilled, give subsurface locat ong and circulated 10# 00'. Spot 10 sacks ( 20 sack plug 4000' 60 sack plug 2850' t casing at 800' with 2 o brine water. acks Class "C" cement	completion or Recomplet t details, and give pertinent dates, tions and measured and crue vertica gallon brine. Test 100') cement on top C to 4100'.	d depths for all markers an casing to 500 ps: IBP. wn 5 1/2" casing	Well Bearting any d zones perti-	
18. I hereby certify that the foregoing is SIGNED	•	ist. Adm. Supvr.	<b>DATE</b> 06/04/8	36	
(This space for Federal or State off APPROVED BY CONDITIONS OF APPROVAL, IF A	TITLE		DATE 9.10	214	

## \*See Instructions on Reverse Side

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