AT TOTAL DEPTH:

(other)

UNITED ST TS DEPARTMENT OF The INTERIOR GEOLOGICAL SURVEY

LC-032545	<u>a</u> i)	

LC-032545 (D)	1

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6.	IF INDIAN	I. ÀLLOTTE	E OR TRIBE NAM	ί

tiuuget pureau no. +a

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS
	6	to drill	ar ta deenen ar ni	lug had	k to a different

(Do not use this form for proposals to drill or to reservoir. Use Form 9-331-C for such proposals.)

gas well Temporarily Abandoned well 2. NAME OF OPERATOR TEXACO Inc.

3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: AT TOP PROD. INTERVAL:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

23-83, 3-24-83. Casing Test-BLM Letters.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME E.E. Blinebry B Federal NCT-2

9. WELL NO.

5. LEASE

10. FIELD OR WILDCAT NAME

Langlie Mattix

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

Sec. 26, T-23-R, R-37-E

12. COUNTY OR PARISH 13. STATE New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

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.)*

SEE ATTACHED FOR DESCRIP TION OF CASING TEST & SETTING CIBP.

Subsurface Safety Valve: Manu. and Type _____ 18. I hereby certify that the foregoing is true and correct TITLE Asst. Dist. Mgr. DATE SIGNED _ (This space for Federal or State office use) DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

AUG 3 0 1983

RECEIVED

OCT 5 1983

MOSSS OFFICE

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