

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRI  
(Other instructio  
verse side)ATE  
n reForm approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC- 032545-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

None

7. UNIT AGREEMENT NAME

None

8. FARM OR LEASE NAME

E. E. Blinebry "B" Fed.

9. WELL NO.

NCT-1

2

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix

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

Sec. 31, T-23-S, R-37-E

12. COUNTY OR PARISH

Lea

18. STATE

N.M.

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug into a different reservoir.

Use "APPLICATION FOR PERMIT" for such proposals.

1. OIL WELL ☒ GAS WELL ☐ OTHER

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 and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface*West* Well is located 660' from the South Line and 660' from the  
~~South~~ Line of section 31, T-23-S, R-37-E, Lea Co unty, New  
New Mexico.

14. PERMIT NO.

Regular

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3323' (D. F.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Shut Well In

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Subject well was shut in effective 7:00 A. M., August 31, 1968. It is requested that the well be reclassified from its present producing status to TR-O (To Be Reconditioned-Oil), Held for Secondary Recovery.

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

SIGNED

*W. E. Morgan*

TITLE

Assistant District  
Superintendent

DATE

Sept. 3, 1968

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

SEP 5 1968

\*See Instructions on Reverse Side J L GORDON  
ACTING DISTRICT ENGINEER