## " M. OR CORO. COMMISSION

.. O. BOX 1900

SUBSEQUENT REPORT OF:

Form Approved. Budget Bureau No. 42-R1424

## UNITED STATESOBBS. NEW MEXICO A

Jalmat

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES \* NODINA SA (other) To:

DEPARTMENT OF THE INTERIOR	LC-032545 (b)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
1. Oil gas gas m	8. FARM OR LEASE NAME E. E. Blinebry Fed. 'B' NCT-1
well Well U other  2. NAME OF OPERATOR	9. WELL NO.
TEXACO Inc. 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME  Jalmat Tansill Yates 7 Rivers
P. O. Box 728, Hobbs, New Mexico 88240  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  (Unit Letter '0')	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec. 31, T-23-S, R-37-E  12. COUNTY OR PARISH 13. STATE  Lea New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO.

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

37241

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.)\* 

- INSTALL BOP ON JALMAT STRING. PULL TUBING AND RIG UP. l. PACKER.
- PULL PKR FROM LANGLIE-MATIX STRING (MYERS LANGLIE MATTIX 2. UNIT #107, OPERATED BY GETTY).
- SET CIBP @ 3300'. SET CEMENT RETAINER @ 2900'. CEMENT 3. SQUEEZE JALMAT PERFORATIONS 3008'-3160' W/200 SX CLASS H CEMENT CONTAINING 0.5% HALAD 9. WOC. DOC. TEST. DRILL OUT CIBP @ 3300'.
- RUN 2 3/8" PLASTIC COATED INJECTION TUBING AND PACKER. 4. RETURN LANGLIE MATTIX TO WATER INJECTION.

Subsurface Safety Valve: Manu. and Type		Set @Ft.
18. Thereby certify that the foregoing is t		Set & Pt.
SIGNED JUNE	Asst. Dist. Mor.	ATE 6-6-84
APPROVED BY O. Delockly CONDITIONS OF APPROVAL, IF ANY:	(This space for Federal or State office use)  TITLE $PE_I$	DATE 6/13/84