	LJ STATES	FORM APPROVED
(DEPARTMENT OF THE INTERIOR		Budget Bureau No. 1004-0135 Expires: September 30, 1990
BUREAU OF LAND MANAGEMENT		5. Lease Designation and Serial No.
		NM 27723
SUNDRY NOTICES AND REPORTS ON-WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.		6. If Indian, Allottee or Tribe Name
Do not use this form for proposals to dr Use "APPLICATION FO	R PERMIT—" for such proposals	
SUBMIT IN TRIPLICATE		7. If Unit or CA. Agreement Designation
1. Type of Well Oil Well Other Other		8. Well Name and No. "R'
2. Name of Operator		E.E. Blinebry Fed NCT-4
Texaco Exploration & Production Inc.		9. API Well No. #1
3. Address and Telephone No.		3002510972
P.O. Box 730, Hobbs, NM 88241-0730 (505) 393-7191		10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		Langlie Mattix 7 RQG 11. County or Parish, State
Unit Letter G, 1980' FNL & 2310' FEL .		
Sec 35, R-23-S, T-37E		Lea
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
		Change of Plans
XXSubsequent Report	Plugging Back	Non-Routine Fracturing
_	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing Test Ca	Conversion to Injection
	(Note: Report results of	of multiple completion on Well Completion or
12 Duraite Deserved on Completed Operations (Clearly state)	Recompletion Report a Il pertinent details, and give pertinent dates, including estimated date of startin to this work 1°	g any proposed work. If well is directionally drilled.
<ol> <li>Describe Proposed or Complete Operations (Clearly state a give subsurface locations and measured and true verti</li> </ol>	cal depths for all markers and zones pertinent to this work.)*	· · · · ·
9 1) 10-10-91 Conduct ca as witness.	sing integrity test w/BLM repres	sentative Mr. Steve Caffey
2) Test 7" casing from CIBP @ 2728' to surface w/500# for 30 min. Held OK.		
3) Request temporarily abandon well status.		
(COPY OF CHART ON REVERSE SIDE)		
(COPT OF CHINE		
APPROVED FOR 12 H	ONTH PERIOD	
ENDING 9/9/9		
ENDING 414 LT		
14. I hereby certify that the foregoing is true and correct		<b>A</b> 22 01
Signed Dr Johnson	Title Engr. Asst.	Date 9 -23-91
(This space for Federal or State office use)		
Approved by	Title	Date 9 30 9
Conditions of approval, if any:		
		A Same and false California of Frederica streaments
Fide 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false. fictitious or fraudulent statements w representations as to any matter within its jurisdiction.		
*See Instruction on Reverse Side		

