

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)Form Approved
Budget Bureau No. 42-R1421

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-032545 (b)
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 from the North line 2310' from East line.		8. FARM OR LEASE NAME E.E. Blinbry "B" Fed
14. PERMIT NO. Regular		9. WELL NO. NCT 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3235 (DF)		10. FIELD AND POOL, OR WILDCAT Langlie Mattix
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 35, T-23 S., R-37-E
		12. COUNTY OR PARISH Lea
		13. STATE NM

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) Extension Request

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.) *

REMARKS

1. WELL STATUS - Temporarily shut in.
2. TEMPORARY ABANDONMENT DATE - 7/30/69
3. REASON FOR ABANDONMENT - Not profitable to operate.

4. FUTURE PLANS - Evaluate installation of pumping equipment to return well to production.

5. DATE OF FUTURE WORKOVER OR PLUGGING - 1976

NOV 14 1976

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

SIGNED

TITLE Asst. Dist. Supt.

DATE 10-7-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side