Form 3160-5 (J

## **UNITED STATES**

## N.M. C 3ons. Division 1625 N. French Dr.

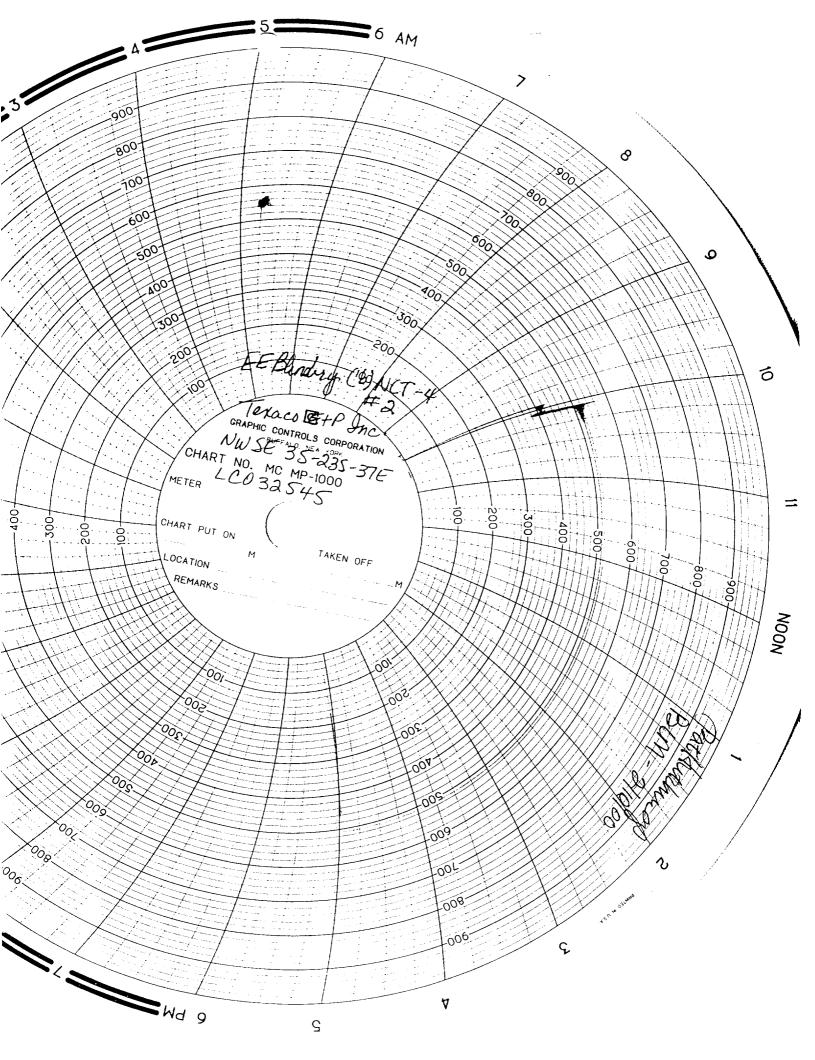
lune 1990)	DEDARTMENT OF THE INTERIOR HODDS WWW 20440								
SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  Use "APPLICATION FOR PERMIT" for such proposals					Lease Designation and Serial No.				
	SU	BMIT IN TRIPLICA	ATE			7. If Unit or CA	, Agreement Designation	1	
1. Type of Well: OIL GAS OTHER						8. Well Name and Number Blinebry, E. E. "B" NCT-4			
2. Name of Operator	TEXACO EXPL	ORATION & PROD	UCT	ON INC.			2		
3. Address and Telephone	e No. 205 E. Bender,	HOBBS, NM 8824	0		397-0405	9. API Well No	30 025 10973		
4. Location of Well (Foota	age, Sec., T., R., M., or Sur	vey Description)				10. Field and F	Pool, Exploaratory Area	<del></del>	
Unit Letter J	: 1980 Feet From	n The SOUTH Li	ne and	1980	Feet From The	LANGLIE MAT	TIX 7RQG		
EAST Line	Section 35	Township 23	<u> </u>	Range	37E	11. County or I	Parish, State EA COUNTY ,NEW N	MEXICO	
12.	Check Appropris	ate Box(s) To	Indi	cate Nature	of Notice, Re	eport, or O	ther Data		
TYPE OF SUBI						YPE OF ACTIO			
Notice of Inte	ent		F	Abandonment Recompletion Plugging Back		- -	Change of Plans  New Construction  Non-Routine Fractu	ırina	
✓ Subsequent F				Casing Repair		- - -	Water Shut-Off	<b>3</b>	
	nment Notice			Atlering Casing		-	Conversion to Injec	tion	
That Abando	Timent Notice		<b>y</b>	OTHER:	Request TA Status	<u>.</u>	Dispose Water		
							(Note: Report results of multiple Completion or Recompletion Rep	completion on Well ort and Log Form.)	
directionally drilled, g	or Completed Operations (C vive subsurface locations are	nd measured and true	vertica	il depths for all ma	arkers and zones pert	estimated date o inent to this work	of starting any proposed v	vork. If well is	
2-10-00: NOTIFY BL	LM (PAT HUTCHINGS)	1EST CSG 10 5.	:0# ٢	JR 30 IVIIN - OI					
(ORIGINAL CHAR	T & COPY OF CHART	ATTACHED}							
COPY OF NONCOM	IPLIANCE ATTACHED	(AJM-117-00)							
				( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Jana 13	loce)			
		ھ)	,	The second second	The control of the second seco		  		
14. I hereby certify that the fore	going is true and correct	Make	ITLE	Engineeri	ng Assistant		DATE	2/14/00	
TYPE OR PRINT NAM		enise Leake							
(This space for Federal or State	: office use)								
APPROVED  BUNDITIONS OF APP	PROVAL IF ANY:	TITLE				DAT	E		
	01, makes it a crime for any pe matter within its jurisdiction.	rson knowingly and willfu	lly to ma	ake to any departme	ent or agency of the Unite	ed States any false	, fictitious or fraudulent state	ments or	
representations as to drily									

PARTY OF LAMB NOSWELL OFFILL

3000 FEB 15

BF

Escolused Many 1988



	A CAMPAGE OF THE STATE OF THE S

## BLM COPY

Number	AJM-117-00

$\boxtimes$	Certified Mail - Return Receipt Requested Z 260 099 992

Ы

## **UNITED STATES**

	rage oi
	Identification
IID	
Lease	NMNM27723
CA	
Unit	

Receipt Requested Z 260 099 992	- }	DEPARTMENT OF THE INTERIOR							
	BUREAU OF LAND MANAGEMENT				Lease NMNM27723				
Hand Delivered Received by NOTICE OF INCIDENT				rs of No	NCOMDI	CA			
NOTICE OF INCIDENT			IS OF NO	NCOMPL	Unit PA				
Bureau of Land Management Office	;			Operator					
HOBBS	INSPEC	TION OFFICE		Орегаю	TEXACO E	YDI ODATIC	N & PROD INC	_	
		TAYLOR		Address		5 EAST BE		<u>,                                     </u>	
Но	OBBS N	M 88240				OBBS NM			
Telephone			-	Attention			002.0		
505.393.3612				JOHN AYERS					
•	Inspector Andrea Massengill			Attn Addr P O BOX 730					
Site Name	nurea wa	Well or Facility		HOBBS NM			<del></del>		
BLINEBRY B NCT	<b>-</b> 4	O2		Township 23S	Range	Meridian	Section	1/4 1/4	
THE FOLLOWING VIOL	ATION WA	S FOUND BY BUREA	U OF LAND MA	NACEMENT INS	PECTOPS ON THE	NMP	35	NWSE	
Date				The state of the s		DATE AND A	I THE SITE LISTE	D ABOVE	
		Time (24 - hour clock)			Violation	1	Gravity of Violation		
0.4 /0.4 /0.0.0	- 1			40.	055 0400 0 444				
01/31/2000			<del></del>	431	CFR 3162.3-4(c)		MINOR		
Corrective Action To Be Completed By		Date Corrected		Assessm	ent for Noncomplian	ce	Assessment Reference		
		<del></del>		<del></del>			Assessment Reference		
02/25/2000						1	40 CED 04	00.40	
Remarks Well is temporary					· · · · · · · · · · · · · · · · · · ·	<del></del>	43 CFR 310	53.1()	
When violation is corrected, sign this re Company Representative Title	notice and re	turn to above address.  ALS ASSIST OF	Sign	nature J. A	unse N	ya Ki	Date 2-	14-00	
Company Comments (	·	-		·					
<del></del>	· · · · · · · · · · · · · · · · · · ·								
	<del></del>	· · · · · · · · · · · · · · · · · · ·							
			WAR	INING					
Incidents of Noncompliance corre earlier. Each violation must be co address shown above. Please note not comply as noted above under ' Civil Penalties (43 CFR 3163.2). Section 109(d)(1) of the Federal O Title 43 CFR 3163.2(f)(1), provide	that you all Corrective All self-cer	ready may have been Action To Be Completified corrections mus Royalty Management	egin upon receip e from receipt of assessed for non eted By" you ma t be postmarked Act of 1982, as	t of this Notice of this Notice and a compliance (see y incur an addition no later than the implemented by	reported to the Bur amount under "As onal assessment un next business day the applicable prov	eau of Land:M sessment for N der 43 CFR 3 after the prescr visions of the	anagement of the oncompliance"). I 163.1) and may also ibed time for corre	the food do souncur ction.	
Title 43 CFR 3163.2(f)(1), provide notices, affidavits, record, data, or day such violation continues, not to	other write	en information requir maximum of 20 days.	ed by this part sh	nall be liable for	a civil penalty of u	iniccurate, o	Find seading report  Find seading for each	91011	
A person contesting a violation shareceipt of the Incidents of Noncom Interior Board of Lands Appeals, 4 for further information.	1015 Wilson	a State Director review th the appropriate Stat a Blvd., Arlington VA	VIEW AND A v of the Incidents e Director (see 4 22203 (see 43 C	of Noncompliar	nce. This request n	nust be siled w review decision ted Bureau of I	ithin 20 working of on may Edder and Management	tys of to the office	
Signature of Bureau of Land Managem	ent Agthoriz	ed Officer				Date /- 3	1-00 Time	1800	
		3	FOR OFFICE	E USE ONLY					
	Date		Assessment		Penalty		Termination		
Type of Inspection		·					L	··-	

Total of Justices

no ÷ ∀ 91 833 000

CINIDIU

HE 224 Received Home (00)