Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY HOBBS OFFICE O. C. C.

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form 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" Federal

9. WELL NO.: 2 NCT-4

10. FIELD AND POOL, OR WILDCAT: Langlie Mattix

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 35, T-23-S, R-37-E

12. COUNTY OR PARISH: Lea

13. STATE: New Mexico

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 [X] 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

Well is located 1980' from the South line and ~~990~~ 1980' from the East line of Section 35, T-23-S, R-37-E, Lea County, New Mexico. (Unit Letter J)

14. PERMIT NO.: Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3236' (D. F.)

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) Shut Well In			[X]
(Other)				(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 April 30, 1966. TEXACO's well records indicate that no form 9-331 was filed showing shut in status of subject well. The well is being held for secondary recovery.

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

SIGNED [signature] TITLE Assistant District Superintendent DATE May 1, 1969

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side