

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

30-014218

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C.C. Fristoe "B" Fed NCT-2

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Justis Blinebry-Justsis
Tubb Drinkard

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 35, T24S, R37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Texaco Inc.

3. ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, NM88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit Letter A, 700' from the North line and 330' from the
East Line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3174.6 DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETION ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

Casing Test ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(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 perti-
nent to this work.)*

Set CIBP @ 5119', Cap with 35' cmt, in Blinebry string test to 500 PSI for 15 min.
Held OK.

Set CIBP @ 5860'. Cap with 35' cmt, in Tubb Drinkard string test to 500 PSI for 15 min.
Held OK.

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

SIGNED

J.W. Browning

TITLE District Admin. Supervisor

DATE 08/01/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

12-4-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side