DEPARTMENT OF THE INTERIOR

HOBBS OFFICE O. C. C.

DEC 20 10 55 AM '66

SUNDRY NOTICES AND REPORTS ON WELLS

Use "APPLICATION FOR PERMIT—" for such proposals.

WELL [ ] GAS WELL [ ] OTHER

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

P. O. Box 910 - Hobbs, New Mexico

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

Well located 330' from the East Line, and 330' from the North Line of Section 3, T-25-S, R-37-E, Lea County, New Mexico.

14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH

Lea

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	[X]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(Other)							

(NOTE: Report results of multiple completion on Completion or Recompletion Report and L

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.)*

We propose to increase the Blinebry production by venting the Blinebry gas production up the original Drinkard string by perforating beneath the pump in the Blinebry string into the Drinkard string as follows:

1. Kill well, and pull the pump equipment. Set cast iron bridge plug on wire line in the Drinkard string at 5900', and dump 5' of hydromite on top of plug.

2. Perforate the Blinebry string into the Drinkard string with four jet shots at 5515'.

3. Run the pump equipment, hook up the original Drinkard string to the flow line with check valves, and open casing.

4. Test the Blinebry Pool, and return well to pro

ILLEGIBLE

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

SIGNED ________ TITLE Assistant District Superintendent DATE ________

(This space for Federal or State office use)

APPROVED BY ________ TITLE ________ DATE ________
CONDITIONS OF APPROVAL, IF ANY:

1966

*See Instructions on Reverse Side