

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONSERVATION DIV
811 S. 1st ST.
ALBUQUERQUE, NM 87102-2834
FORM APPROVED

Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

SUBMIT IN TRIPLICATE

1. Type of Well: ☐ OIL WELL ☐ GAS WELL ☒ OTHER SWD WELL

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240 397-0418

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter C : 990 Feet From The NORTH Line and 1652 Feet From The
WEST Line Section 24 Township 22S Range 31E

5. Lease Designation and Serial No.
NM-25876

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number
GETTY 24 FEDERAL
5

9. API Well No.
30-015-26848

10. Field and Pool, Exploratory Area
LIVINGSTON RIDGE BELL CANYON

11. County or Parish, State
EDDY, N.M.

12. Check Appropriate Box(es) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> OTHER: CLEANOUT & ACIDIZE
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. 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.)*

4/13/96

1. MIRU COILED TBG UNIT. TIH W/ PERF CLEAN TOOL.

2. CLEANED OUT FROM 960' TO 5180'. ACIDIZED PERFS FROM 4519'-5110' W/ 4000 GALS 15% NEFE HCL. MAX P = 3600#, AIR = 1.5 BPM. ISIP = 1700#, 15 MIN = 540#. SHUT-IN WELL 1 HOUR. FLOWED BY LOAD TO 70 BBLS LOAD WATER.

3. RETURNED WELL TO WATER DISPOSAL OPERATIONS.

4/14/96

DISPOSAL RATE @ 3 BWPM @ 500 PSI.

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

SIGNATURE Monte C. Duncan TITLE Engr Asst DATE 4/26/96

TYPE OR PRINT NAME Monte C. Duncan

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.