

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COM
Drawer DD
Artesia, NM 88210

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
2. Name of Operator: **TEXACO EXPLORATION & PRODUCTION INC.**
3. Address and Telephone No.: **P.O. BOX 730, HOBBS, NM 88240**
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter **N** : **660** Feet From The **SOUTH** Line and **1980** Feet From The
WEST Line Section **12** Township **21S** Range **25E 25**

JAN 10 '95

O.C.D.
ARTESIA, NM 88210
397-0426

5. Lease Designation and Serial No.
NM 0454228
6. If Indian, Alottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and Number
LEVERS, E. J. FEDERAL NCT-1
1
9. API Well No.
30 015 20683
10. Field and Pool, Exploratory Area
CATCLAW DRAW MORROW (PRORATED GAS)
11. County or Parish, State
EDDY, NEW MEXICO

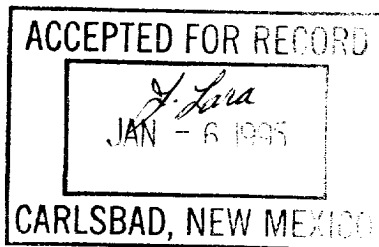
12. **Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data**

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: <u>repair tubing leak and reperf.</u>
	<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.)*

8/30/94 MIRU.
8/31/94 Release tubing from packer. Run tuboscope to test tubing.
9/01/94 Replace bad tubing. TIH with tubing and latch into packer. Test casing to 1000# (held).
9/03/94 Perforate 10175' - 10180' with 2 jspf.
9/04/94 - 9/05/94 Placed well on test.
9/08/94 final test: 0 bo, 0 bw, 352 mcf (24 hour, flowing)



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

SIGNATURE [Signature] TITLE **Engineering Assistant** DATE **12/6/94**
TYPE OR PRINT NAME **Darrell J. Carriger**

(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.