

(JUNE 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED

Budget Bureau No. 1004-0135

Expires March 31, 1993

Lease Designation and Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals of drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT -" FOR PROPOSALS

NMNM14004

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

BARBARA FEDERAL #1

9. API Well No.

30-025-24598

10. Field and Pool, or Exploratory Area

BONE SPRING

11. County or Parish, State

LEA CO., NEW MEXICO

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

TOCO L. L. C.

3. Address and Telephone No.

c/o OIL REPORTS & GAS SERVICES, INC., P. O. BOX 755, HOBBS, NM 88241 505/393-2727

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

UNIT I, SEC 6, T22S, R34E
1980' FSL & 990' FEL

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

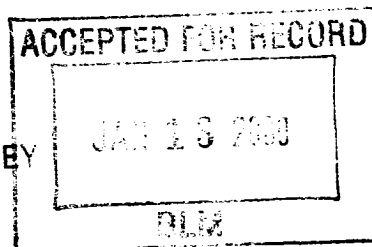
TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans	
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction	
<input type="checkbox"/>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

11/18/99 - 12/7/99 Spot acid 10,415'. Drl cmt 10,344'-10,407' & circ. hole Spot 200 gals 10% acid @ 10,415'.
Perf. 10,372'-417'. TIH w/ 433 jts 2 7/8" tbg. Set pkr @ 10,313'. Acdz w/2500 gals 15% HCL NEFE
w/clay stabilizers & 100 ball sealers. Released pkr. Set pumping unit.
Began pumping 11/27/99 24hrs 10 BO, 22 BW.

(ORIG. SGD.) GARY GOURLEY



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

Signed

Gary Heard

Title

AGENT

Date

12/09/99

(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 State any false, fictitious or fraudulent statement or representations as to any matter within jurisdiction.

*See Instruction on Reverse Side

JC GWW

A

