

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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: <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	5. Lease Designation and Serial No. NM-14331
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.	6. If Indian, Alottee or Tribe Name
3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240 397-0418	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter <u>J</u> : 1980 Feet From The <u>SOUTH</u> Line and 1980 Feet From The <u>EAST</u> Line Section <u>30</u> Township <u>21-S</u> Range <u>32-E</u>	8. Well Name and Number BILBREY 30 FEDERAL 5
	9. API Well No. 30-025-33647
	10. Field and Pool, Exploratory Area LOST TANK DELAWARE
	11. County or Parish, State LEA, NM

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 checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Attering Casing <input checked="" type="checkbox"/> OTHER: FRACTURE TREATMENT <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,)*.

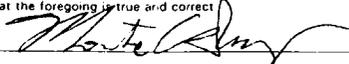
12/9/97 - 12/16/97

- MIRU, TOH w/ parted rods. Fished rods & pump. Installed BOP and TOH w/ tubing.
- TIH w/ 5 1/2" pkr & set @ 4578'. Loaded annulas w/ 15 bbls 2% KCL fresh water. Tested annulas to 1000 psi-Held. Bled off pressure. SION.
- Fracd Upper Bell Canyon (Ramsey) perms 4654-4680 w/ 8610 gals 35# X-Linked gel carrying 18,520# 16/30 Brady cureable resin coated sand. Flushed w/ 27 bbls. Max P = 3730#, Min P = 2865#, AVG P = 2800#, AIR=20 BPM. SION.
- Tbg pres on vacuum. Ran slick sinker bar on swab line to 4650' to check for sand in tubing. Released & TOH w/ pkr. TIH w/ prod equipment. Returned well to production.
- RBP's located at 6700', 7050' & 7250' remain in well.

OPT 1/1/98 PUMPING BY ROD PUMP: 148 BOPD, 240 BWPD, 5 MCFD

(INTERNAL TEPI STATUS REMAINS: PM)

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

SIGNATURE  TITLE Engr Asst DATE 1/20/98

TYPE OR PRINT NAME Monte C. Duncan

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: