

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COM. 1980
P.O. 1 1980
HOBBS, NEW MEXICO 88240

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 397-0426

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter J : 1978 Feet From The SOUTH Line and 1975 Feet From The
EAST Line Section 18 Township 22S Range 38E

5. Lease Designation and Serial No.
LC 032100

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number
C H LOCKHART FEDERAL NCT 1

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9. API Well No.
3002512127

10. Field and Pool, Exploaratory Area
BRUNSON DRK ABO S, BLI, TUBB

11. County or Parish, State
LEA, NEW MEXICO

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

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

Objective: Acidize and scale squeeze downhole commingled well

- 1) MIRU, install BOP, pull production equipment.
- 2) Run work string, clean out 5 1/2" casing to PBTD (7046').
- 3) Set 5 1/2" treating packer @ 6350', test casing, acidize perfs 5774-7025' w/ 10K gal 20% NEFE.
- 4) Swab residual load, squeeze well w/220 gal scale inhibitor.
- 5) Run production equipment, return well to production.

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

SIGNATURE Larry W. Johnson TITLE Engineering Assistant DATE 6/24/94

TYPE OR PRINT NAME Larry W. Johnson

(This space for Federal or State office use)

APPROVED BY Patricia A. Salameh TITLE Patricia A. Salameh DATE 7/25/94

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.