

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

LC-032100

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR TEXACO Inc.,		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME C.H. Lockhart Fed. NCT-1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1978' FSL & 1975' FEL of Section 18, T-22-S, R-38-E, Unit Letter 'J', Lea County, New Mexico		9. WELL NO. 4
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3359' (GR)	10. FIELD AND POOL OR WILDCAT Tubb & Drinkard 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-22-S, R-38-E
		12. COUNTY OR PARISH Lea
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Downhole Commingle	
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. 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.)*

1. Pull production equipment. Pull packer @ 6735'.
2. Perforate 5½" OD casing w/1-JSPF @ 5597', 5608', 18', 26', 47', 54', 66', 71', 77', 82', 87', 96', 5705', & 5719'.
3. Set RBP @ 5596' & packer 5512'.
4. Acidize Blinebry perforations 5597'-5719' w/2000 gal acid.
5. Frac Blinebry perforations 5597'-5719' w/ 25,000 gal. Viscous gelled water in 5-equal stages using 40,000 lb. 20/40 sand per gal..
6. Flush last stage w/fresh water.
7. Pull Frac tubing, packer & RBP. Run production equipment.
8. Test & place Blinebry on production. Well will be Tubb, Drinkard, and Blinebry Downhole Commingle. On 24 hr. Potential Test well pumped 20 BO & 55 BW, GOR 3650.

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

SIGNED [Signature] TITLE Assistant Dist. Supt. DATE 8/31/76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

