

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse 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, NM 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 1980' FNL & 1980' FEL of Section 18, T-22-S, R-38-E Unit letter "G" Lea County, New Mexico		9. WELL NO. #6
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT Tubb & Drinkard
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3356' (GR)		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 NM

## 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 checked="" type="checkbox"/> Recomplete in Blinebry Triple Downhole Commingle *	

## 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 type="checkbox"/>	

(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.)\*

Case No. 5731, Order No. R-5272

1. Rig up. Pull production equipment. Install BOP.
2. Pull packer.
3. Perforate 5-1/2" OD csg w/1-JSPF 5618', 36', 61', 85', 93', 5710', 20', 43', 55', 70', 90', & 5804'.
4. Set RBP @ 5850' and pkr @ 5550'.
5. Acidize perforations 5618'-5804' w/2000 gal acid.
6. Frac perforations 5618'-5804' w/25,00 gal viscous gelled water containing 1 to 3 pounds 20/40 sand per gal, in 5 equal stages with each stage separated w/2 ball sealers.
7. Pull RBP and packer
8. Install production equipment, test and place on production as a triple downhole commingle in Blinebry, Drinkard & Tubb.

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

SIGNED Arthur R. BrownTITLE Asst. Dist. Supt.DATE 9-10-76

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED  
SEP 22 1976ARTHUR R. BROWN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side