

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Bureau of Land Management
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 Injection Well

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 P : 660 Feet From The SOUTH Line and 660 Feet From The
EAST Line Section 18 Township 22S Range 38E

5. State Oil / Gas Lease 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
8

9. API Well No.
30 025 12131

10. Field and Pool, Exploratory Area
BRUNSON DRINKARD ABO, SOUTH

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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Attering Casing
	<input checked="" type="checkbox"/> OTHER: Repair casing leak
	<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.)*

Objective: Squeeze leak between 5 1/2" & 8 5/8" casing strings

- 1) Notified BLM & NMOCD, MIRU, installed BOP, pulled injection equipment
- 2) Shot 2 squeeze holes in 5 1/2" @ 2910', set RBP 3100', tested OK @ 1000#
- 3) Set cmt retainer @ 2843', squeeze w/500 sx C cement, circ 50 sx, WOC 58 hr
- 4) Cleaned out to 7115', ran 2 3/8" IPC Inj tubing w/5 1/2" packer set @ 6751'
- 5) Tested tbg/csg annulus to 500# 30 min (chart submitted to NMOCD, copy on reverse)
- 6) 03-23-94: Inj 187 BWPD @ 1100#

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

SIGNATURE Larry W. Johnson TITLE Engineering Assistant DATE 3/25/94

TYPE OR PRINT NAME Larry W. Johnson

(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 States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

