

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPT
(Other instruction
verse side)Form approved,
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC-032100

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

None

7. UNIT AGREEMENT NAME

None

8. FARM OR LEASE NAME

C.H. Lockhart Fed. (NCT-1)

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Drinkard

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 18, T-22-S, 38-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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. TYPE OF WELL OIL ☒ GAS ☐ OTHER ☐	2. NAME OF OPERATOR TEXACO Inc.	3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Well is located 660' from the South line and 660' from the East line of section 18, T-22-S, R-38-E, Lea County, New Mexico. (Unit Letter P)	14. PERMIT NO. Regular	15. ELEVATION (Show whether DE, RT, OR, etc.) 3381' (D. F.)
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Convert to Injection

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

TEXACO Inc. proposes to do the following work on subject well:

1. Pull production rods, pump, and tubing.
2. Run 2 3/8" O.D. internally plastic coated tubing w/ packer and set @ 6750'.
3. Fill Casing annulus w/127 bbls. 1% solution Bariod B-1400 inhibitor.
4. Install equipment and begin water injection.

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

SIGNED

TITLE

Assistant District
Superintendent

DATE February 7, 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

FEB 7 1969

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side