

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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 I : 1980 Feet From The SOUTH Line and 660 Feet From The  
EAST Line Section 18 Township 22S Range 38E

5. Lease Designation and Serial No.

LC032100

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number

LOCKHART, C. H. FEDERAL NCT-1

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9. API Well No.

30 025 12132

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

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ OTHER: Acidize well  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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.)\*

7/6/94: MIRU. TOH with production equipment. Installed BOP.

7/7/94: Cleaned out scale.

7/11/94: Sat packer @ 6327' and acid treated formation with 9240g 20% NEFE HCL + 4500# rock salt.

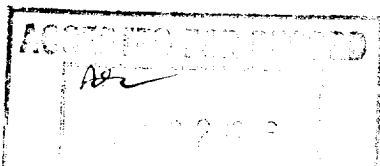
7/12/94: Swabbed.

7/13/94: Scale squeezed formation with 260 bbls 2% KCL.

7/14/94: TOH with packer and tubing. TIH with production equipment. Removed BOP.

7/16/94: Returned to production and tested.

8/17/94: OPT test: 24 hours, pumping, 3 BO, 3 BW, TSTM gas



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

SIGNATURE Darrell J. Carriger TITLE Engineering Assistant

DATE 1/15/96

TYPE OR PRINT NAME Darrell J. Carriger

(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.

