

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions  
reverse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-032104
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME -
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' FSL, 1980' FWL of Section 29, T-22-S, R-38-E, Unit Letter N, Lea County, New Mexico		8. FARM OR LEASE NAME NCT-2 A.H. Blinebry Fed.
14. PERMIT NO. Regular		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3407' (DF)		10. FIELD AND POOL, OR WILDCAT Drinkard
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-22-S R-38-E
		12. COUNTY OR PARISH Lea
		13. STATE N.M.

## 18. 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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Open Addl. Drinkard Pay <input checked="" 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 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.)\*

1. Install BOP. Pull 2 7/8" production tubing.
2. Log Well 5900'-TD. Pick perfs. off log.
3. Perforate 7" OD Casing w/2-JSPF @ chosen interval from 6342'-6492' in
4. Set RBP @ 6700' & Spot sand on plug.
5. Run 2 7/8" OD Tbg & packer. Spot 250 gal. 15% NE Acid over perforations. Set packer @ 6300'.
6. Acidize perforations w/2500 gal. 15% NE Acid.
7. Frac perforations w/30,000 gal. Polymer gel. containing 1# 20/40 sand per gal. in 4 stages. Use 400# Rock Salt & 200# Benzoic Flakes between stages.
8. Install production equipment. Test & Return to production.

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

SIGNED

TITLE Asst. Dist. Supt.

DATE 1-15-76

(This space for Federal or State/office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side