## UNITE STATES SUBMIT IN TRIPLICATES DEPARTMENT LE INTERIOR (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL :	LC-03210	LC-032100			
SUNDRY NOTICES AND R (Do not use this form for proposals to drill or to d Use "APPLICATION FOR PERMI	6. IF INDIAN, ALLOT	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
OIL GAS OTHER	7. UNIT AGREEMENT	7. UNIT AGREEMENT NAME			
2. NAME OF OPERATOR	8. FARM OR LEASE N	8. FARM OR LEASE NAME			
TEXACO Inc.				C. H. Lockhart NCT-1	
3. ADDRESS OF OPERATOR			9. WELL NO.	* <b> </b>	
P. O. Box 728, Hobbs, New Mexico 88240 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			10 FIFT AND BOOK	10. FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface				Drinkard	
660' FEL & 1980' FNL, Sec. 18, T-22-S, R-38-E,			11. SEC., T., R., M., O	11. SEC., T., R., M., OR BLK, AND	
Unit Letter 'H', Lea Co., No	Sec. 18,	Sec. 18, T-22-S, R-38-E			
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)				12. COUNTY OR PARISH 13. STATE	
Regular	3376' (DI	7 )	Lea	New Mexico	
16. Check Appropriate Box T	o Indicate No	iture of Notice. Report, o	or Other Data		
NOTICE OF INTENTION TO:	1	• • •	SEQUENT REPORT OF:		
TEST WATER SHUT-OFF PULL OR ALTER CASI					
TEST WATER SHUT-OFF PULL OR ALTER CASI FRACTURE TREAT MULTIPLE COMPLETE		WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING	[]	
SHOOT OR ACIDIZE ABANDON*		SHOOTING OR ACIDIZING	ABANDONA		
REPAIR WELL CHANGE PLANS		(Other)			
(Other) Open Addl. Drinkard Pa		Completion or Reco	ults of multiple completio empletion Report and Log	form.)	
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly str proposed work. If well is directionally drilled, give a nent to this work.) *</li> </ol>					
1. Pull rods, pump, & tubir 2. Perforate 2 7/8" OD Casi 6603',37',58',66',73',91 3. Set RBP @ 6775' & Spot 3 4. Acidize perforations 651 5. Frac perforations 6514'- as follows: A. 3000 gal. Pad	300 gal. 4'-6710'	15% NE Acid ac: w/1300 gal. 19	ross perforat 5% NF Acid.	ions.	
B. 3000 gal. w/1# 2 C. 3000 gal. w/2# 2 D. 6000 gal. w/2# 2 E. Drop 10 7/8" Bal F. Repeat steps A t G. Flush w/2500 gal 6. Swab. Pull RBP.	nru D s. Treat		5% NE Acid		
18. I hereby certify that the foregoing is true and correct SIGNED (This space for Federal or State office use)	TITLE A	sst. Dist. Supt		<b>-26-</b> 76	
CONDITIONS OF APPROVAL IF ANY:	TITLE	TAPPIC	DATE		
CONDITIONS OF ADDDOVAL ID ANY.			A-1/39		

\*See Instructions on Reverse SigRTHUR R. BROWN
DISTRICT ENGINEER