

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 D : 500 Feet From The NORTH Line and 558 Feet From The
WEST Line Section 31 Township 22S Range 38E

5. State Oil / Gas Lease No.
LC032104

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number
A H BLINBRY FEDERAL NCT 3
5

9. API Well No.
30 025 90055 28814

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"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> OTHER: Perf add'l pay, frac	<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 verticle depths for all markers and zones pertinent to this work.)

Objective: Perf additional Drinkard pay, frac new interval

- 1) MIRU, Installed BOP, set RBP @ 6500'
- 2) Perf Drinkard w/2 JSPI 6264-6784' 17 intervals, 124 - 0.52" holes
- 3) Acidize w/3 K gal 15% NEFE
- 4) Frac w/107 K # sand & 106 K gel
- 5) Pull RBP, C/O to 6500'
- 6) Run 2 3/8" tubing w/packer set @ 6120'
- 7) 11-29-93: Flow 49 oil, 11 wtr, 879 MCF, 24/64" choke @ 300#
(Prior: Flow 3 oil, 0 wtr, 115 MCF)

RECEIVED
MAR 9 10 32 AM '94
CARL
ARTITE

MAR 2 1994

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

SIGNATURE Larry W. Johnson TITLE Engineering Assistant DATE 3/7/94

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.