

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

...M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240
FORM APPROVED
Judges 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 : 380 Feet From The NORTH Line and 330 Feet From The
WEST Line Section 18 Township 22S Range 38E

5. Lease Designation and Serial No.

LC 032100

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

11

9. API Well No.

30 025 30739

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 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 checked="" 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 type="checkbox"/> OTHER: recompleted to Drinkard Abo	<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 vertical depths for all markers and zones pertinent to this work).*

The following work was performed 12/17/94 - 3/10/95

12/17/94: MIRU. Install BOP and TOH with tubing.

12/19/94: TIH with CIBP and set @ 7200'.

12/20/94: RU Halliburton. Perforated interval 6878' - 6908' with 4 jsf.

12/22/94: Acid treated new perforations with 2000 gallons 15% NEFE.

Fracture treated with 1500# 16/30 sand and 24528 gallons gel (Pmax=9000#, AIR=25 BPM, screened out).

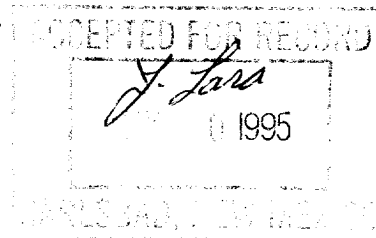
01/12/95: Perforated interval 6908' - 6888' with 4 jsf and 80 holes. Pumped 4500 gallons 20% HCL and flushed with 90 bbls 2% KCL water.

2/6/95: Acid stimulated perforations (6699' - 6962' with 5000 gallons 15% NEFE.

2/8/95: Fracture stimulate perforations with 31704 gallons 30# cross linked gel carrying 20000# 12/20 sand.

2/10/95: TIH with production equipment (2-7/8" tubing, SN @ 6646', 2-1/2" x 1-1/2" x 24' pump)

3/10/95: Final test: 21 BO, 5 BW, 40 MCF (24 hours, pumping).



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

SIGNATURE Darrell J. Carriger TITLE Engineering Assistant DATE 4/21/95

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.