

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instructio  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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-032100
2. NAME OF OPERATOR TEXACO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 3109 MIDLAND, TEXAS 79702	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 380' FNL + 330' FWL, UNIT LETTER D	8. FARM OR LEASE NAME NCT-T C.H. LOCKHART FEDERAL
14. FORM NO. API 30-025-30739	9. WELL NO. 11
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3341	10. FIELD AND POOL, OR WILDCAT WANTZ GRANITE WASH + SO. BRANSON DRINKARD ABO
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 18, T-22-S, R-38-E
	12. COUNTY OR PARISH LEA
	13. STATE NM

16. 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 COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input 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) SPUD + SURFACE CASING <input checked="" 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) SPUD 14 3/4" Hole AT 2:00 PM 1-11-90. BASIN RIG 7.
- 2) TD 14 3/4" Hole AT 2:30 AM 1-13-90.
- 3) RAN 34 JOBS OF 11 3/4", 42#, ST+C, H-40 (1336') SET AT 1350'. FC AT 1268'.
- 4) HALLIBURTON CEMENTED WITH 1500 SACKS CLASS 'H' WITH 29% CAC/2 (15.6ppg, 1.19 cu ft, 5.2 g w/sx) PLUG DOWN AT 12:45 PM 1-13-90 CIRC 580 SACKS.
- 5) NIPPLE UP BOP AND TEST TO 3000 PSI IN 5 HOURS FROM 8:30 PM 1-13-90 TO 1:30 AM 1-14-90.
- 6) TEST CASING TO 1000 PSI FOR 30 MIN. FROM 12:15 PM TO 12:45 PM 1-14-90. WOC - 22 1/2 HRS FROM 12:45 PM 1-13-90 TO 10:15 AM 1-14-90.
- 7) DRILL 11" HOLE TO 3000' REDUCE TO 7 7/8" HOLE SIZE 1-16-90
- 8) DRILLING AHEAD

ACCEPTED FOR RECORD

JAN 29 1990

CARLSBAD, NEW MEXICO

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

SIGNED

*C. L. Baker*

TITLE Drilling Supt.

DATE

1-19-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side