

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division
1625 N. French Dr.
Hobbs, NM 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.: PO BOX 3109, MIDLAND, TX 79702 915-688-475
4. Location of Well (Footage, Sec., T., R., M., or Survey Description):
Unit Letter P 660 Feet From The SOUTH Line and 660 Feet From The
EAST Line Section 35 Township 24S Range 37E
5. Lease Designation and Serial No.: LC-057509
6. If Indian, Alcoritee or Tribe Name:
7. If Unit or CA Agreement Designation:
8. Well Name and Number: ERWIN, G. L. -B- FEDERAL NCT-2
9. API Well No.: 30 025 11362
10. Field and Pool, Exploratory Area: Langlie Mattix Seven River Queen Grayburg
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

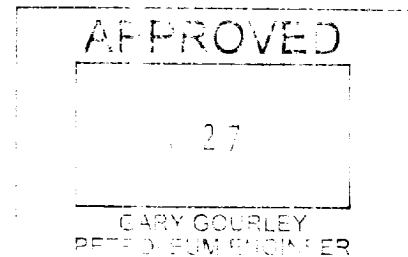
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<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"/> Attaching Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> OTHER: SQUEEZE PERFS	<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.)

ChevronTexaco intends to squeeze perfs in the subject well. The intended procedure is as follows:

- 1) MIRU PU.
- 2) KILL WELL. INSTL BOP. TOH W/TBG.
- 3) TIH & CMT SQUEEZE PERFS 3122-3291.
- 4) MIRU REVERSE UNIT. TIH W/BIT, DC & TBG & DRILL OUT CMT.
- 5) MIRU WL & PERF GRAYBURG FR 3421-3436'.
- 6) TIH W/TBG & PKR. ACIDIZE PERFS 3421-3436 W/2000 GALS 20% NEFE HCL.
- 7) SWAB BACK. IF NO HYDROCARBON IS FOUND, PA WELLBORE AS REQUIRED BY OCD RULES.



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

SIGNATURE: J. Denise Leake TITLE: Engineering Assistant DATE: 11/14/01

TYPE OR PRINT NAME: J. Denise Leake

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL IF ANY: TITLE: DATE:

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.

