

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 180
HOBBS NEW MEXICO 88240
FORM APPROVED
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. 205 E. Bender, HOBBS, NM 88240 397-0432

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter G : 1880 Feet From The NORTH Line and 1880 Feet From The
EAST Line Section 26 Township 24S Range 37E

5. Lease Designation and Serial No. LC-032074-57509

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number
ERWIN, G. L. -B- FEDERAL NCT-1
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9. API Well No. 30-025-22007

10. Field and Pool, Exploaratory Area
JUSTIS BLINEBRY

11. County or Parish, State
LEA, NEW MEXICO

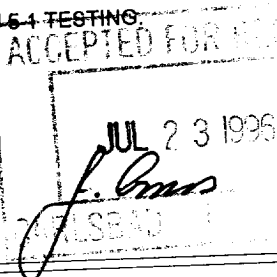
12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

| 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 type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Attering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input checked="" type="checkbox"/> OTHER: <u>PERF UPPER BLINEBRY</u> | <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.)*

3-7-96) MIRU, PULL RODS & PUMP.
3-8-96) INSTALL BOP. RAN 4/5" SCRAPPER.
3-9-96) SET 4.5" CIBP @ 5198' TEST TO 550 PSI, HELD. PERFORATE 4.5" CSG W/2JSPF 5095'-5180' (106-.34" HOLES). SPOT 8' CMT FROM 5198'-5190' (NEW PBTD).
3-11-96) RAN PKR, SN, & TEST TO 8000 PSI. TIH, SET PKR @ 5030'.
3-12-96) ACIDIZE CSG PERFS 5095'-5' 80' (UPPER BLINEBRY) W/2500 GAL 15% NEFE W/BS. FLUSH WITH 2% KCL. REL PKR, RESET PKR @ 4936'
3-13-96) FRAC CSG PERFS 5095'-5180' W/28,308 GAS 40# GEL 66,000# 20/40 SAND. PREPARE TO CLEAN OUT SAND.
3-18-96) RU, CLEAN OUT FRAC SAND.
3-19-96) REL PKR & POH TBG, MA, SN, TA. REMOVE BOP, LAND MA@ 5061.
3-20-96) RUN PUMP, RODS
3-21-96) ON PRODUCTION @ 9:00 A.M. & TESTING.
3-22-96) 3-22 THRU 4-4 TESTING
4-5-96) MIRU, PULL PUMP, CLEAN OUT. 4-6-96) 4-6 THRU 5-4 TESTING
5-2-96) MIRU, PUMP STUCK, CLEAN OUT MUD ANCHOR.
5-3-96) 5-3 THRU 5-19 TESTING.
5-20-96) MIRU, PUMP STUCK, STRIP OUT.
5-21-96) RUN BAILER CLEAN OUT.
5-22-96) RUN PUMP, RODS, ON PRCDUCTION
5-23-96) 5-23 THRU 5-29 TESTING
5-30-96) OPT 8 BO, 12 W, 45 MCF, FINAL REPORT.



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

SIGNATURE Paula S. Ives TITLE Engineering Assistant DATE 7-9-96

TYPE OR PRINT NAME Paula S. Ives

(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.