

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OPERATOR'S COPY

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. 205 E. Bender, HOBBS, NM 88240 397-0432

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Unit Letter O : 990 Feet From The SOUTH Line and 2250 Feet From The  
EAST Line Section 35 Township 24-S Range 37-E

5. Lease Designation and Serial No.  
NMLC-057509

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number  
G. L. ERWIN 'B' FEDERAL NCT-2  
7

9. API Well No.  
30-025-32949

10. Field and Pool, Exploratory Area  
JUSTIS; BLINEBRY-TUBB-DRINKARD

11. County or Parish, State  
LEA, NM

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"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> OTHER: ACIDIZE VIA CASING
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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.) \*

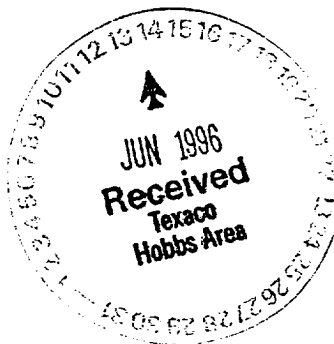
- 1). 4-12-96, DOWELL PUMPED 500 GAL XYLENE DOWN CASING. CIRCULATED 2 HOURS, PUMPED 3000 GALS 15% NEFE ACID. CIRCULATED 24 HOURS.
- 2). 4-13-96, ON PRODUCTION STARTED TESTING.
- 3). 4-14-96, THRU 4-30-96 TESTING.
- 4). 5-1-96, OPT, 52 BO, 85 BW, 303 MCF.

RECEIVED  
JUN 7 2 30 PM '96  
BUREAU OF LAND MANAGEMENT  
HOBBS, NM

ACCEPTED  
FOR RECORD

JUN 10 1996

V.R. BALDERAZ



JUN 14 1996

RECEIVED

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

SIGNATURE Paula S. Ives TITLE Engineering Assistant DATE 6/3/96  
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.