

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
RB Operating Company
3. ADDRESS OF OPERATOR
2412 N. Grandview, Suite 201, Odessa, Tx. 79761
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 664' FNL & 662' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) Casing & Cementing

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.)*

2/22/91 Spudded @ 4:00 P.M. Drilled to 585'. Ran 8-5/8" 24# J-55 to 585'. Cemented w/350 sx "C" w/2% CACL2, 1/4# CS. circulated 50 sx to pit.
2/23/91 Drilled out cement. Resumed drilling.
3/5/91 Drilled to 6400'. Ran 5-1/2" 15.50# J-55 to 6400' w/DV tool @ 3500' cemented 1st. stage w/500 sx 50/50 Pozmix "C" w/0.4% TF-4, 0.3% CF-2 & 10#/sx Gilsonite tailed w/200 sx Class "C" w/.2% TF-4 + 0.3% CF-14. Circ. 100 sx to pit. Open DV & circulate. Cement thru DV w/700 sx PSL "C" w/10% salt + 100 sx Class "C" w/2% CACL. Circulated 65 sx to pit. Cut off casing. Released rig.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED James G. Hayslett TITLE Sr. Prod. Engr. DATE 3/11/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: