

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 ☒ gas ☐ other ☐ **MAR 26 1981**
2. NAME OF OPERATOR  
Texaco Inc.
3. ADDRESS OF OPERATOR  
P. O. Box 728, Hobbs, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE:  
AT TOP PROD. INTERVAL: 1650' FML & 660' FSL  
AT TOTAL DEPTH: (unit letter 'N')
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE  
LC-032104
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
--
7. UNIT AGREEMENT NAME  
--
8. FARM OR LEASE NAME  
A. H. Plinebry NCT-1
9. WELL NO.  
25
10. FIELD OR WILDCAT NAME  
Tubb & Drinkard
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 28, T-22-S, R-38-E
12. COUNTY OR PARISH  
Lea
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3373' (DF)

- REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
- |                      |                          |                                     |
|----------------------|--------------------------|-------------------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/> | <input type="checkbox"/>            |
| FRACTURE TREAT       | <input type="checkbox"/> | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| REPAIR WELL          | <input type="checkbox"/> | <input type="checkbox"/>            |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/>            |
| MULTIPLE COMPLETE    | <input type="checkbox"/> | <input type="checkbox"/>            |
| CHANGE ZONES         | <input type="checkbox"/> | <input type="checkbox"/>            |
| ABANDON*             | <input type="checkbox"/> | <input type="checkbox"/>            |
| (other)              |                          |                                     |

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

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. Rigged up. Pull rods & pump.
2. Set RBP in Tubb string @ 845'.
3. Shot comingling perms. 6398'-6404' in Drinkard string w/10-Spiral gun shots. Set pkr. @ 6597'. Acidize 2 7/8" csg. perms. 6870'-7223' w/1500 gals. 15% NEFE Acid in 3-stages using 200# rock salt between stages.
4. Install pumping equipment. On 24 hour potential test, ending 3/12/81, well pumped 40 BO, BW & GOR 2042.

**RECEIVED**  
**MAR 27 1981**

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 3/20/81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**MAR 27 1981**

OIL CONSERVATION DIV.

APR 7 '81

RECEIVED