

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

P. O. BOX 1030
HOBBS, NEW MEXICO 88240

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 ☐
well well other

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: 660' FNL & 1980' FWL
AT TOP PROD. INTERVAL: (Unit Letter 'C')
AT TOTAL DEPTH:

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

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 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) TO: Downhole Commingle

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. RIG UP. PULL RODS AND PUMP FROM DRINKARD STRING. INSTALL BOP. PULL TUBING.
2. PULL PACKER AND 1 1/2" TUBING FROM TUBB STRING. DRILL OUT CIBP @ 6487'.
3. CLEAN OUT TO 6487' (TD).
4. SET PKR IN TUBB STRING 6750'. ACIDIZE PERFS 6855'-6860' & 6883'-6888' W/750 GALS 15% NE ACID.
5. PULL PKR. INSTALL PUMPING EQUIPMENT. TEST AND PLACE ON PRODUCTION AS TRIPLE DOWNHOLE COMMINGLE IN TUBB, DRINKARD AND BLINEBRY ZONES.

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

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

SIGNED [Signature] TITLE Asst. Dist. Mgr. DATE 6-6-84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE P.E. DATE 6/13/84

CONDITIONS OF APPROVAL, IF ANY:

5. LEASE LC-032104	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME A. H. Blinebry NCT-1 <u>See</u>	
9. WELL NO. 23	
10. FIELD OR WILDCAT NAME Blinebry, Drinkard & Tubb Gas	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, 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) 3381' (GR)	

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

MMOCD-Case NO. # 5278
Order NO. # R-4837

RECEIVED

JUN 15 1984

C.C.D.
HOBBS OFFICE