

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.)

RECEIVED

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR RB Operating Company
3. ADDRESS OF OPERATOR O. C. D.
2412 N. Grandview, Suite 201, Odessa, Texas 79766
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 990' FEL
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) Perforate & stimulate

5. LEASE
NM 32636
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Amoco Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
E. Loving (Delaware)
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 11-T23S-R28E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
2992.1 GL

(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.)*

9/19/90 Run CBL 6245-5700' - Perf squeeze holes from 6238-40'
9/20/90 Squeeze perfs. w/ 100 sx cement
9/22/90 Perforated Delaware 6124-28', 6138-42', 6152-60', 6174-78' & 6204-08'
9/23/90 Acidize perfs w/ 1400 gallons. Fraced w/ 17000 gals Gel wtr & 40,000# sand

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

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

SIGNED James G. Hatfield TITLE Sr. Prod. Engineer DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: