

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 | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input checked="" 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) | <input type="checkbox"/> | <input type="checkbox"/> |

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.)*

3/10/91 Ran CBL 6380-5000'. Test casing to 1000#. Perforate Delaware 6150-6170 w/4SPF. Acidized perms w/600 gal. 7-1/2% HCL.

3/11/91 Frac perms w/8300 gal. X-ling Gel w/56000# 16/30 sand, swab, flow & test.

5. LEASE
NM0542015
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NA
7. UNIT AGREEMENT NAME
NA
8. FARM OR LEASE NAME
South Culebra Bluff '13' Fed.
9. WELL NO.
SJS
10. FIELD OR WILDCAT NAME
E. Loving (Delaware)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 13, T23S, R28E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
30-015-26534
15. ELEVATIONS (SHOW DF, KDB, AND WD)
2993.5 KB

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

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

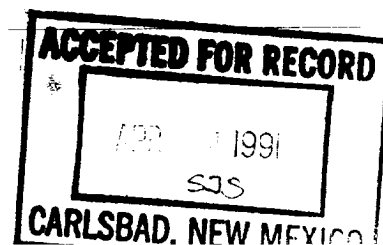
18. I hereby certify that the foregoing is true and correct

SIGNED James G. Shatz TITLE Sr. Prod. Engr. DATE 3/15/91

(This space for Federal or State office use)

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

*See Instructions on Reverse Side



ACCEPTED FOR RECORD