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RECEIVED BY
Form 9-331
Dec. 1973
MAY 27 1985
O. C. D.
ARTESIA, OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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
TEXACO, Inc.
3. ADDRESS OF OPERATOR
P.O. Box 728, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Ltr.J, 1663.2 FSL & 1660.9
AT TOP PROD. INTERVAL: FEI
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 checked="" type="checkbox"/> | | <input type="checkbox"/> |
| (other) | | | |

PER BLM LETTER DATED 11/21/84

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
2. Set CIBP at \pm 4090'.
3. Spot w/20 sx. class "H" cement w/2% CaCl₂ on the CIBP. WOC.
4. Perf. 2 jet shots at 1020'.
5. Set retainer at 820' and test.
6. Circ. class "H" cmt. w/2% CaCl₂ to surface.
7. Shut in bradenhead valve and pump 200 sx.class "H" cmt w/2% CaCl₂.
8. Pull out of the retainer and spot 10 sx. surface plug, cut off the wellhead.
9. Install dry hole marker and clean the location.

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

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

SIGNED _____ TITLE _____ DATE _____

(This space for Federal or State office use)

APPROVED BY W.B. L... TITLE Dist.Opr.Mgr. DATE 3/27/85
CONDITIONS OF APPROVAL, IF ANY:

Don W. ...

*See Instructions on Reverse Side

5. LEASE
LC-070869-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
E.D.White Fed (NCT-1)
9. WELL NO.
4
10. FIELD OR WILDCAT NAME
Mason Delaware, North
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 26, T-26S, R-31E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3152' DF

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

5-24-85

Post ID-2
5-31-85
P+A