

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.)

5. LEASE NM 23688 No. 1
6. IF INDIAN, ALLOTTEE OR TRIBE NAME 13 1378
7. UNIT AGREEMENT NAME N/A
8. FARM OR LEASE NAME Federal 23688
9. WELL NO. 1
10. FIELD OR WILDCAT NAME Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 26 T2N-R16W
12. COUNTY OR PARISH Catron County
13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

1. oil well ☐ gas well ☐ other Wildcat
2. NAME OF OPERATOR
TransOcean Oil, Inc.
3. ADDRESS OF OPERATOR 1700 First City East Bldg.,
1111 Fannin, Houston, Texas 77002
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 2310' FWL & 990' FSL, Sec 26, T2N-R16W
AT SURFACE: Catron Cty, N. Mexico
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Vertical Well

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) ☐	

(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. Set cmt plug w/70 sx C1 "B" @ 4698-4448'
Set cmt plug w/60 sx C1 "B" @ 3407-3207'
Set cmt plug w/65 sx C1 "B" @ 3060-2860' (beneath bridge plug)
Set cmt plug w/15 sx C1 "B" @ 2810-2860' - 50' in pipe on top of bridge plug
Set cmt plug w/ 8 sx C1 "B" @ Surf w/dry hole marker
2. A steel marker to be placed 4' above ground level
3. Location to be cleared of all junk and pits filled & location to be leveled.
4. Reseeding will be done during growing cycle as per BLM instructions.

Subsurface Safety Valve: Manu. and Type N/A Set @ Ft.

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

SIGNED Jerry M. Crews Western Drilling
TITLE Division Engineer DATE February 6, 1978

(This space for Federal or State office use)

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