

C/87

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 ☒ 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:  
AT TOP PROD. INTERVAL: 1980' FSL & 660' FEL  
AT TOTAL DEPTH: (Unit Letter 'I')

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

SUBSEQUENT REPORT OF:

☐  
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☐  
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☐  
☐

(other) OF: Deepen in Same Zone

RECEIVED BY

JUN 11 1984

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

O. C. D.  
ARTESIA, OFFICE

NOV 21 10 05 AM '83  
BUREAU OF LAND MGMT  
ROSWELL DISTRICT

RECEIVED

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. Rigged up. Pull rods and pump. Install BOP. Pull tubing.
2. Clean out to 3008' (Total depth). Deepen to 3080'.
3. Set packer @ 2700'. Acidize perfs 2843'-2876' & 3 7/8" open hole 2902'-3080' W/3000 gals 15% NEFE Acid in 2-equal stages 150# rock salt and 150# Benzoid Acid flakes between stages.
4. Install pumping equipment.
5. On 24 hr. potential test ending 11-15-83, well pumped 7 bbls oil, 48 bbls wtr, GOR TSTM.

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 11-17-83

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL: JUN 7 1984

Carlsbad

NEW MEXICO \*See Instructions on Reverse Side