

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  
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: 1743' FNL & 784' FNL  
AT TOP PROD. INTERVAL: Unit Letter 'E' I  
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 type="checkbox"/>	<input type="checkbox"/>
(other) To Repair Casing Leak		

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. Pull rods & pump. Install BOP. Pull tubing.
2. Set RBP @ 2500' & dump 20' sand on plug.
3. Establish circulation in 7" - 4-1/2" casing annulus.
4. Squeeze 4-1/2" csg leak @ approx. 600' w/350 sx. Class C cement containing 2% CaCl. Circulate cement. WOC.
5. Pressure test 4-1/2" casing to 1000# for 30 minutes.
6. Pull RBP. Install pumping equipment. Test & return to production.

Subsurface Safety Valve: Manu. and Type

Set @ 11,000 Ft.

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 5/27/79

(This space for Federal or State office use)

APPROVED BY [Signature] ACTING DISTRICT ENGINEER  
CONDITIONS OF APPROVAL, IF ANY: TITLE DATE

MAY 22 1979