DEPARTMENT OF THE INTERIOR

υ.	LENSE,	-
	T.C-064	レクフェ
	1.0-004	7//A

6.	IF INDIAN,	ALLOTT	EE OR	TRIBE	NAME

GEOLOGICAL SURVEY	6.	IF INDIA	N, ALLOTTEE	OR TRIBE NAME	
SUNDRY NOTICES AND REPORTS ON WELLS	E ⁷ L		REEMENT NA	ME	
(Do not use this form for proposals to drill or to deepen or proceeding a offerent reservoir. Use Form 9–331–C for such proposals.)			R LEASE NAM	E Federal	
1. oil gas other APR 1 3 19	9.	WELL NO			
2. NAME OF OPERATOR O. C. C.	10.	ELEI D OI	R WILDCATIN	AME Seven	
TEXACO Inc. 3. ADDRESS OF OPERATOR ARTESIA, DFF		Rive:	rs Queer	<u>Grayburg</u>	
P. O. Box 728, Hobbs, New Mexico 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11.	ARFA		LK. AND SURVEY	
below.) 2310' FSL & 2310' FWL				9-S, R-31-	E
AT SURFACE: AT TOP PROD. INTERVAL: (Unit Letter "K")	12.	Eddy	OR PARISH	New Mexic	0
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14.	API NO.		0 152 0 153 0 153 0 153 0 153 0 153	
REPORT, OR OTHER DATA	15.	ELEVATI	ONS (SHOW	DF, KDB, AND V	ND)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:		3607	DF 5	8 8 4 5 5 3 4 4 5 5	
TEST WATER SHUT-OFF			5 40 40 40 40 40 40 40 40 40 40 40 40 40	5/8 / 160 13/16 13/16 14/16 14/16	
FRACTURE TREAT U U SHOOT OR ACIDIZE			7 8 48 20 70 20 70 20 8	n bas yas i gau t gau t gal or blivor	
REPAIR WELL U PULL OR ALTER CASING U	(N)	OTE: Repo chan	rt results of mu ge on Form 9	Itiple completion or	zone
MULTIPLE COMPLETE			20 0 Marie 20 0 Marie		
ABANDON*				AR 11907) š
(other) Shut-in			8 H 2 W 3 S 3 S 3		اُ آ اع ب رد ب
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinen 		:ai:y uiii	ICU, KIVE SHIP	give pertinent da IESAA, locations	ites,⊢ ₩000
REMARKS				10 00 00 00 00 00 00 00 00 00 00 00 00 0	
1. Well Status - Shut-in				Cod and and and and and and and and and an	
2. Temporary Abandonment Date - 4/1/				apgent Market Soft has after	
3. Reason for Abandonment - Not econ	omi	cal t	o opera	te sisi	
4. Future Plans - Evaluate for remedi	al	work			
5. Date of Future Workover or Pluggin	g -	Seco	nd Quar	ter 1980	
Subsurface Safety Valve: Manu. and Type			Set	@	_ Ft.
18. I hereby certify that the foresting is true and correct					
SIGNED COMMENTITLE ASST. Dist.			April	9, 1979	
APPRIVED BY APPROVAL, IF ANY. (This space for Federal or State off APPRIVED BY APPROVAL, IF ANY.)			ļ	APR 1 2 1979	
WELL MUST WELL MUST WELL MUST WELL MUST See Instructions on Reverse S				·	
*See Instructions on Reverse S	Side				