

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 ☐

JAN - 9 '91

2. NAME OF OPERATOR

RB Operating Company

O. C. D.

ARTESIA, OFFICE

3. ADDRESS OF OPERATOR

2412 N. Grandview, Suite 201, Odessa, TX 79761

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980 FSL & 1190 FWL

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

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) ☐

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5. LEASE

NM0542015

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

South Culebra Bluff

9. WELL NO.

5

10. FIELD OR WILDCAT NAME

E. Loving (Delaware)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 13-23S-28E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

2976.3 GR

(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.)*

11/6/90 Set CIBP in 2-7/8" tubing @ 11,235'. Cut off tubing @ 11,230'.
11/7/90 Set 50 sx cement plug 11230-10953', set 50 sx cement plug 10612-10444'.
11/11/90 Set CIBP @ 6425'. Tested casing to 1500#. Perforated 6217-6228 w/4 SPF.
Dump 20' cement on top of CIBP.
11/12/90 Acidize perms w/1400 gal acid.
11/14/90 Frac perms w/14,500 gal Gel wtr w/32,500# sand.
11/15/90 -12/10/90 Swab & test.
12/12/90 Install pumping unit & test.

RECEIVED
JAN 4 10 44 AM '91
CARTER AREA

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

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

SIGNED James G. Shatzoff TITLE Sr. Prod. Engr. DATE 1/2/91

(This space for Federal or State office use)

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

Post ID-2
2-1-91
PFA Ato