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RECEIVED BY
Form 9-331
Dec 1973
JUL 2 1985
O. C. D.
ARTESIA, OFFICE

NEW MEXICO COMMISSION
Drawer D
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

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 Producing Inc. ✓
3. ADDRESS OF OPERATOR
P.O. Box 723, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Ltr G, 1980 FNL & 1980 FEL
AT TOP PROD. INTERVAL:
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 checked="" 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)			

5. LEASE
NM-25876
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Getty 24 Fed
9. WELL NO. 1
10. FIELD OR WILDCAT NAME
Wildcat Atoka
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24, T-22S-R-31E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3607' KB

(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. Rigged up. Installed BOP.
2. Frac'd 5 1/2" csg. perfs 13,528-566' w/42,000 gal. 50# gel X-link wtr. Flushed w/72 bbls. 1el wtr.
3. Returned well to production.

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

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

SIGNED W. B. Loh TITLE Dist. Opr. Mgr. DATE 6/10/85

(This space for Federal or State office use)

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

JUN 28 1985