

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 ☐ other ☐

2. NAME OF OPERATOR

RB Operating Company

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: 1651 FEL & 860 FNL

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) Perforating

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.)*

10/19/90 Ran cement bond log.

10/20/90 Perforated 6178-82, 6191-94, 6200-10, 6224-34, & 6248-52.

10/22/90 Acidized w/1000 gal. 10% acid. Frac w/14,700 gal. Gel wtr. & 15,400# sand.

10/23/90 Cleaned out and evaluated.

5. LEASE

NM32636

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Amoco 11 Federal

9. WELL NO.

6

10. FIELD OR WILDCAT NAME

E. Loving (Delaware)

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

Sec. 11 - 23S - 28E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

30-015-26494

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

3036.7 GR

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

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

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

SIGNED James D. McFarland TITLE Sr. Prod. Engr. DATE 10/24/90

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: