

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 ☐ DEC 7 '90  
2. NAME OF OPERATOR  
RB Operating Company O. C. D.  
3. ADDRESS OF OPERATOR ARTESIA, OFFICE  
2412 N. Grandview, Suite 201, Odessa, TX 79761  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 910' FEL & 860' FSL  
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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input checked="" 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  
NM32636  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Amoco "11" Federal  
9. WELL NO.  
7  
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.  
30-015-26512  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
2996 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.)\*

11/17/90 Ran CBL 6282-4282 & 585 surface. Perforate 6117-6128 w/ 4 SPF.

11/19/90 Acidized w/1100 gal. 10% NeFe. Swab test.

11/25/90 Frac w/17,000 gal. Gel wtr & 30,000# sand. Flowed back, test and evaluate.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED James G. Shapfa TITLE Sr. Prod. Engr. DATE 11/29/90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: