

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 ☐ APR 16 1991
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.)
1387' SJS
AT SURFACE: 1378' FEL & 1977' FNL
AT TOP PROD. INTERVAL: 2271' FEL & 1977' FNL
AT TOTAL DEPTH: 2349' FEL & 1977' FNL
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Perforate

SUBSEQUENT REPORT OF:

- ☐
☒
☒
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☐
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☐
☐
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5. LEASE
NM32636
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NA
7. UNIT AGREEMENT NAME
NA
8. FARM OR LEASE NAME
Amoco "11" Federal
9. WELL NO.
5
10. FIELD OR WILDCAT NAME
E. Loving (Delaware)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T23S, R28E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
30-015-26527
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3013.5 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.)*

3/28/91 Perf Delaware 6291-6293 & 6320-6330 (50 holes).
3/29/91 Acidized w/1000 gal 10% NeFe. Frac w/8300 gal Gel water w/12000# 16/30 sand. Frac screened out.
3/30/91 C.O. Sand.
3/31/91 Ran packer & tubing, tested & evaluated.

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

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

SIGNED James H. Shuford TITLE Sr. Prod. Engr. DATE 4/2/91

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

