		N. M. O. C. C. CORY	(orting a st
Form 9-331 (May 1963)	CTED STAT	ES SUBMIT IN TI ICAT (Other Instruct. on EINTERIOR verse side)	
SU) (Do not use th	NDRY NOTICES AND RE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1.	[]	<u> </u>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	OTHER		8. FARM OR LEASE NAME
TEXACO Inc.			R.T. Wilson Federal
3. ADDRESS OF OPERAT	28 - Hobbs, New Mexico	88240	9. WELL NO. 4
4. LOCATION OF WELL See also space 17 b	Report location clearly and in accorda	nce with any State requirements.*	10. FIELD AND POOL, OR WILDCAT
At surface Well locate	1 1993' from the East L	ine, and 660' from the 26-S, Range 31-E, Unit	Mason Delaware North (Ed 11. sec., T., R., M., OR BLK. AND SUBVEY OR AREA
Letter 'O',	Eddy County, New Mexic	0	Sec. 24, T-26-S, R-31-E
14. PERMIT NO.	15. ELEVATIONS (St	how whether DF, RT, CR, etc.)	Eddy N.M.
16.	Check Appropriate Box To	Indicate Nature of Notice, Report, o	
	NOTICE OF INTENTION TO:		SEQUENT REPORT OF:
 DESCRIBE PROPOSED proposed work. nent to this work Pull rods 	MULTIPLE COMPLETE ABANDON* CHANGE PLANS EPEN in Same ZONE or COMPLETED OPERATIONS (Clearly sta If well is directionally drilled, give su	FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) X (Norg: Report res Completion or Rece te all pertinent details, and give pertinent da absurface locations and measured and true ve	REPAIRING WELL ALTERING CASING ABANDONMENT* ults of multiple completion on Well ompletion Report and Log form.) tres, including estimated date of starting au rtical depths for all markers and zones perti-
 4. Run 2-7/8 5. Treat ope 25#/1000 a. Pump b. Use c. Flus 6. Pull frac 7. Run tubin 	gal. Adomite & 2#/gal 1 400 gal. 15% NEA follo 70# Unibeads carried in	er and set 0 4150'. 0 gals 15% NE acid & 18,000 0-20 sd. in 6 equal stages wed w/3000 gal. Emulsifrac gelled lease crude between lease crude w/friction rea	as follows: n stages.
			RECEIVED
			NOV 3 1975
			S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO
18. I hereby certify th	at the foregoing is true and correct		DATE 10-31-75
SIGNED	<u>Went</u>	TITLE Asst. District Supt.	DATE
SIGNED	Theral or State office-use)	TITLEASST. DISTRICT SUPL.	