

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 ☐ JUN 6 1980
2. NAME OF OPERATOR **TEXACO Inc.** ☒ **U.S. GEOLOGICAL SURVEY**
ARTESIA, NEW MEXICO
3. ADDRESS OF OPERATOR
P. O. Box 728, Hobbs, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
330' FEL & 330' FSL
AT SURFACE: (Unit Letter 'P')
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 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)			

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. Pull rods, pump. Install BOP. Pull tubing.
2. Clean out to 4145'.
3. Set pkr. @ 4080'. Acidize open hole w/2000 gals 20% NE Acid in 2 stages using 100# rock salt & 100# paraffin Blk between stages. Flush w/17 bbls. treated water.
4. Install pumping equipment. On 24 Hr. potential test well pumped 4 BO, 11 BW, GOR 250. Return to production.

RECEIVED

JUN 10 1980

O. C. D.
ARTESIA, OFFICE

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

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

SIGNED *[Signature]* TITLE **Asst. Dist. Supt.** DATE **6-3-80**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE **JUN 10 1980**
CONDITIONS OF APPROVAL, IF ANY: