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O. C. D.

ARTESIA, OFFICE

NM OIL CONS. COMM.
Drawer DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

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 ☐
well ☒ well ☐ other

2. NAME OF OPERATOR

Texaco Producing Inc.

3. ADDRESS OF OPERATOR

P.O. Box 728, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 990' FNL & 880' FEL

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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

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(other) Spudded well

5. LEASE

NM-41646

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

B.D. Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Brushy Draw Delaware

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

Sec. 26, T-26S, R-29E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

14. API NO.

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

2916' GR

(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.)*

Spudded 17 1/2" hole, 9:30 AM, 8/13/85, Total Depth 500'.

1. Ran 12 jts, 13 3/8" - 54.5#, K-55, ST&C. Set at 500'. FC at 460'.
2. Cemented w/800 sx. class H 2% CaCl. Circ. cmt. WOC in excess of 18 hours.
3. Tested 13 3/8" csg. to 600# for 30 min. 12:30 - 1:00 PM, 8/15/85. Tested OK. Job complete at 1:00 PM.

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

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

SIGNED W.A. Baker II TITLE Dist. Opr. Mgr. DATE 8/20/85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

AUG 27 1985