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O. C. D.
ARTESIA, OFFICE

UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

STANDARD NOTICES AND REPORTS ON WELLS

(For use for proposals to drill or to deepen or plug back to a different interval. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐

2. NAME OF OPERATOR

Texaco Producing Inc. ✓

3. ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Unit Letter E 1980' FNL &

AT SURFACE:

AT TOP PROD. INTERVAL: 660' FWL Section 20,

AT TOTAL DEPTH: T6S, R26E

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* ☐

(other) drilling permit extension of time

5. LEASE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Derrick Federal Com.

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Pecos Slope Abo

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

Sec. 20, T6S, R26E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3659.1

(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.)*

Getty Oil Company submitted the application to drill this well originally. It was approved on 7-12-84. We request an extension of time for 1 year to start drilling. The operators name will be Texaco Producing Inc. instead of Getty Oil Company.

Exp Int
1-30-96
30-005-62125

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

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

SIGNED W. A. Baker / DCC TITLE W. A. Baker Dist. Drill. Mgr. DATE 6/28/85

(This space for Federal or State office use)

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