

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM - 0497735

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

M.A. Cunningham Fed

9. WELL NO. NCT-1

10. FIELD AND POOL, OR WILDCAT

Todd Wolfcamp

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

Sec. 26, T-7-S
R-35-E

12. COUNTY OR PARISH 13. STATE

Roosevelt N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TEXACO INC.

3. ADDRESS OF OPERATOR

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.)

At surface Well is located 1815' FSL, 1815' FWL of
Section 26, T-7-S, R-35-E, Unit Letter 'K', Roosevelt
County, New Mexico

14. PERMIT NO.

Regular

15. ELEVATIONS (Show whether DS, RT, GR, etc.)

4183' (GR)

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☒

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.) *

TEXACO PROPOSES TO AMEND FORM 9-331, APPROVED 2-26-75 TO
ACIDIZE SUBJECT WELL WITH THE FOLLOWING:

1. Pull pumping equipment. Install BOP.
2. Perforate 5 1/2" csg. liner w/2 JSPP from 7637'-7641' & 7645'-7649'.
3. Set packer @ 7550'.
4. Acidize casing perforations 7596'-7649' w/3000 gals 15% LSTNE, containing 35# citric acid per 1000 gals., in 3 equal stages using 300# Benzoic Acid Flakes between first and second stages.
5. Flush w/35 bbls. treated fresh water.
6. Swab well.
7. Run pumping equipment, test and return well to production.

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

SIGNED

TITLE Assistant Dist. Supt.

DATE 12-15-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: