

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 ☐
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. See space 17 below.)
AT SURFACE: 1980' FNL & 1980' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Unit Letter 'G'
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) Set 5 1/2" casing

5. LEASE
LC- 068124
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
L. Harris Federal
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Todd Wolfcamp
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T-7-S, R-35-E
12. COUNTY OR PARISH
Roosevelt
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DE, KDB, AND WD)
4204' (GR)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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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.)*

Total Depth 7970'
13 3/8" OD 54.5# K-55 Casing Set @ 384'
8 5/8" OD 24# & 32# K-55 Casing Set @ 4500'.

1. Ran 7938' (24 Jts.) 5 1/2" OD 17# N-80 Csg. & set @ 7950'.

2. Cemented w/800 sx. "LW" Cement containing 6# salt & 1# flocele per sx. Follow w/300 sx. class 'H' cement containing 16# salt & 1# flocele per sx. Cement did not circulate. Top of cement by temperature survey 300' from surface. Job complete 12:30 PM, 2-10-79. WOC in excess of 18 hrs.

3. Tested 5 1/2" csg. w/1500# for 30 minutes, 2:45-3:15 PM, 2-15-79
Subsurface Safety Valve, Manu. and Type
Tested OK. Job complete 3:15 PM, 2-15-79

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

SIGNED J. L. Cooper TITLE Asst. Dist. Supt. DATE 2-16-79

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
FEB 20 1979

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