

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 ☐ other ☐
well well

2. NAME OF OPERATOR
Texaco Inc.

3. ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, New Mexico 8824

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

AT SURFACE:

AT TOP PROD. INTERVAL: 1980' FNL & 1980"

AT TOTAL DEPTH Unit Letter "G" FEL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) set 8 5/8" Casing

SUBSEQUENT REPORT OF:

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U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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 DF, KDB, AND WD)
4204' (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.)*

Total Depth 4500'
13 3/8" OD 54.5# K-55 Casing set @ 384'.

1. Ran 4488' (105 Jts.) 8 5/8" OD 24# & 32# K-55 csg. & set @ 4500'.

2. Cemented w/1200 sx. LW Cement containing 15# salt & 1# flocele per sack. Cement did not circulate. Calculated top of cement 2035' by temp. survey. Job complete 9:45 PM, 1-23-79. WOC in excess of 18 hrs.

3. Tested 8 5/8" csg. w/1500 # for 30 minutes, 1:00-1:30 AM, 1-26-79. Tested OK. Job complete 1:30 AM, 1-26-79.

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

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

SIGNED M. L. Conner TITLE Asst. Dist. Supt. DATE 1-29-79

(This space for Federal or State office use)

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