## UNITED STA 3

Dudget Buress 110, 42-111424
5. LEASE LC-068124
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

DEPARTMENT OF THE INTERIOR	LC-068124
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME
1. oil well other  2. NAME OF OPERATOR Texaco Inc.  3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, NM 88240  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1980' FNL & 1980' FEL AT TOP PROD. INTERVAL: Unit Letter "G" AT TOTAL DEPTH:	8. FARM OR LEASE NAME L. Harris Federal  9. WELL NO. 2  10. FIELD OR WILDCAT NAME TODE 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 New Mexico  14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Commence Drilling Operations HOBBS	(NOTE: Report results of multiple completion or zone N 1 3 19 19 19 19 19 19 19 19 19 19 19 19 19
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen	irectionally drilled, give subsurface locations and
SPUD 17½" Ho 1-10-79 Total Depth	le 6.00 P. M.
1. Ran 372 (10 Jts.) 13 3/8" OD set @ 384'.	54.5# K-55 csg. and
2. Cemented csg w/400 sx. class CaCl: cement circulated. Job WOC in excess of 18 hrs.	complete 5.45 AM, 1-11-79.
3. Tested 13 3/8" OD casing w/60- 1:30 AM, 1-12-79. Tested OK. 1-12-79.	0 # for 30 minutes, 1:00- Job complete 1:30 AM,
Subsurface Safety Valve: Manu. and Type	

18. I hereby certify that the foregoing is true and correct TITLE Asst. Dist. Suptate S CEOLOGICAL SUCCESSIONS SUCCE (This space for Federal or State office use)

APPROVED BY \_ TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side