

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

CONFIDENTIAL

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: 660' FSL & 1980' FEL

AT TOP PROD. INTERVAL: (Unit Letter '0')

AT TOTAL DEPTH:

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) Report of: Recomplete Well in Morrow Zone

SUBSEQUENT REPORT OF:

☐

☐

☐

☐

☐

☐

☐

☐

5. LEASE

NM-0338-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Peery-Federal

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Wildcat

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

Sec. 29, T-15-S, R-30-E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

14. API NO.

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

3955' (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.)*

1. Rigged up. Pulled rods and pump. Installed BOP. Pull Tubing.
2. Clean out. Set CIBP @ 10,100' and dump 30' cement on plug (PBD 10,070').
3. Perforate 7" casing w/2 JSPF from 9932'-9940'.
4. Ran 2 7/8" tubing w/ Pkr. and set @ 9835'.
5. Completed as shut-in natural gas well, testing well and negotiating gas contract, 10-10-84.

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

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

SIGNED

TITLE Dist. Oper. Mgr. DATE

10-18-84

ACCEPTED FOR APPROVAL (This space for Federal or State office use)

APPROVED BY

PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 1 1984