

UNITED STATES D. COPY
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 ☐ APR 14 1981
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:
AT TOP PROD. INTERVAL: 660' FSL & 1980' FEL
AT TOTAL DEPTH: (Unit Letter 'O')
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
|--------------------------|--------------------------|-----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | | <input type="checkbox"/> |
- (other) Return well to production

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. Installed pumping unit.
2. Returned well to production, 1/18/80.

5. LEASE
NM 0338-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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7. UNIT AGREEMENT NAME
--
8. FARM OR LEASE NAME
Peery Federal
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Little Lucky Lake Devonian
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)
3972' (DF)

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

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

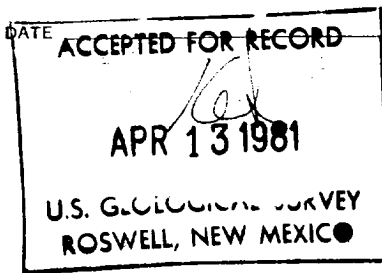
18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Asst. Dist. Mgr. DATE 4/9/81

(This space for Federal or State office use)

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

*See Instructions on Reverse Side



OIL CONSERVATION DIV.

APR 20 1981

RECEIVED

RECEIVED

APR 10 1981

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO