5. LEASE \$-020491

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

| 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 West Lovington Unit       |  |
| reservoir. Use Form 9–331–C for such proposals.)  | 8. FARM OR LEASE NAM                             | 1E   |
| 1. oil gas  | West Lovington                                   |  |
| well well other Water Injection   | 9. WELL NO.                                      |  |
| 2. NAME OF OPERATOR   | 38   |  |
| TEXACO INC.   | 10. FIELD OR WILDCAT NAME                        |  |
| 3. ADDRESS OF OPERATOR  P. O. Poy. 728 Habba Star Marria (2001)   | Lovington San Andres West                        |  |
| P. O. Box 728, Hobbs, New Mexico 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |  |
| below.) 660' FSL & 660' FWL   | Sec. 3, T-17-S, R-36-E                           |  |
| AT SURFACE: (Unit Letter 'M')   | 12. COUNTY OR PARISH                             | 12 STATE                                       |
| AT TOP PROD. INTERVAL:  | Lea  | New Mexico                                     |
| AT TOTAL DEPTH:   | 14. API NO.                                      |  |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,   | ·  |  |
| REPORT, OR OTHER DATA   | 15. ELEVATIONS (SHOW                             | DF, KDB, AND WD)                               |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  | 3878' (DF)                                       | ,  |
| TEST WATER SHUT-OFF   |  |  |
| FRACTURE TREAT  |  |  |
| SHOOT OR ACIDIZE  REPAIR WELL   |  |  |
| PULL OR ALTER CASING  | (NOTE: Report results of mu                      | ltiple completion or zone                      |
| MULTIPLE COMPLETE   | change on Form 9-3                               | 330.)  |
| CHANGE ZONES  |  | • •  |
| ABANDON*  (other) OF: Repair Casing Leak x  | x  | ·  |
| Councy of Proposity Contains Them.  |  |  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent |  | give pertinent dates,<br>surface locations and |
| 1. Rigged up. Install BOP. Pull pkr and tub. 2. Set CIBP @ 4641' and spot 40' cerent or no  | ing.   |  |
| 2. Set CIBP @ 4641' and spot 40' cement on plu<br>3. Tested for casing leaks (Witnessed by MMO)   | rg (PBTD 4601').                                 |  |
| 4. Hang one joint 2 7/8" tubing in hole and le  | on representative)                               | . None found.                                  |
| 5. Well shut-in, 7-19-84.   | oca wy initiatoed wa                             | uer.   |
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|   |  | -1 13  |
|   |  | Co.  |
|   | े हार्डी<br>१ ट्रॉ                               | j i  |
| Subsurface Safety Valve: Manu. and Type   | \**<br>_**                                       |  |
|   | Set (  | ② <del></del> Ft.                              |
| 18. I hereby certify that the foregoing is true and correct   |  | • •  |
| SIGNED // Asst. Dist  |  | 314  |
| ACCEPTED FOR REGOGNACE for Federal or State office  | e use)   |  |
| APPROVED BY   | DATE   |  |
| CONDITIONS OF APPROVAL, IF ANY:  JUL 2 7 1984   |  |  |
| JUL 4 / 1904  |  |  |