

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 well ☐ gas well ☐ other Salt Water Disposal

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.)
1651' FSL & 660' FEL

AT SURFACE: (Unit Letter 'I')

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) To: Set CIBP above Perfs.

& Temporarily Abandon

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. Rig up. Install BOP. Pull tubing & packer.

2. Set CIBP @ 3500' & Spot 40' Cement on plug.

3. Load Casing w/inhibited water.

4. Temporarily abandon Well.

LEASE

LC 029519 - A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

B. V. Lynch A Fed.

9. WELL NO.

8

10. FIELD OR WILDCAT NAME

Lynch

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

Sec. 34, T-20-S, R-34-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

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

3760' (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

TITLE Asst. Dist. Mgr.

DATE 2-22-82

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

FOR

JAMES A. GUINAM

DISTRICT SUPERVISOR

*See Instructions on Reverse Side

APPROVED FOR _____
ENDING 3/5/83