

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.)

AT SURFACE: 660' FNL & 1980 FWL  
AT TOP PROD. INTERVAL: Unit Letter 'C'  
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	<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) Report of: Repair Casing

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.
2. SPOT 40' CEMENT ON CIBP @ 3579'. WASH 8 5/8" CASING OVER OUTSIDE 5 1/2" TO A DEPTH OF 80'.
3. PULL 39' 5 1/2" PARTED CASING. CUT 5 1/2" CSG @ 65'. PULLED REMAINDER OF 5 1/2" CASING TO 65'.
4. RUN NEW 5 1/2" CSG AND TIE IN @ 65'.
5. CEMENT W/150 SX CLASS H CEMENT CONTAINING 2% CACL. CEMENT CIRCULATED. WOC. DCC. TESTED TO 5000#. TESTED OK.
6. ACIDIZE OPEN-HOLE SECTION 3712-3734' W/3000 GALS 15% NEFE ACID IN 2-STAGES USING 500# ROCK SALT BETWEEN STAGES.
7. RUN 2 7/8" PLASTIC COATED TUBING W/PACKER AND SET @ 3640'.
8. ACIDIZE W/3000 GALS 15% NEFE ACID IN 2-EQUAL STAGES USING 200# ROCK SALT BETWEEN STAGES.
9. RETURN WELL TO WATER DISPOSAL, 9-26-84.

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

SIGNED [Signature] TITLE District Operations Manager DATE 10-18-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY [Signature] TITLE Superintendent DATE 10-23-84

CONDITIONS OF APPROVAL IF ANY

OCT 23 1984

\*See Instructions on Reverse Side

Carlsbad NEW MEXICO

5. LEASE  
LC-029519-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
B. V. Lynch 'A' Federal

9. WELL NO.  
10

10. FIELD OR WILDCAT NAME  
Lynch Yates Seven Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 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)  
3726' (DF)

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