

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
M. OIL CONS. COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO

## 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 ☐ gas ☐ other ☐ Salt Water Disposal2. 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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☒MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON\* ☐(other) To Repair 5 1/2" Casing

5. LEASE

LC-029519-

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
38240

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.)

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.
2. WASH 8 5/8" CASING OVER OUTSIDE OF 5 1/2" CASING TO A DEPTH OF 60'.
3. CUT 5 1/2" CASING @ APPROX 50' AND PULL SAME.
4. RUN NEW 5 1/2" CASING AND TIE INTO STUB @ 50'.
5. CEMENT 8 5/8" X 5 1/2" CASING ANNULUS W/ APPROX 8 SX CLASS H CEMENT. WOC. TEST.
6. DRILL OUT CIBP IN 5 1/2" CASING @ 3579'.
7. RUN 2 7/8" TUBING W/PACKER AND SET @ APPROX 3600'.
8. RETURN WELL TO SALT WATER DISPOSAL.

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 8-17-84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE AREA MANAGER DATE 9-12-84

CONDITIONS OF APPROVAL, IF ANY:

**Subject to  
Like Approval  
by State**

\*See Instructions on Reverse Side