

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

COPY TO O. C. C.

## 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 ☐

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: 1980' FSL & 660' FWL, Unit  
AT TOP PROD. INTERVAL: Letter L  
AT TOTAL DEPTH:

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

## REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

## SUBSEQUENT REPORT OF:

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(other) Extension Request

5. LEASE  
LC-0337 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
-

8. FARM OR LEASE NAME  
C. P. Falby "B"

9. WELL NO.  
4

10. FIELD OR WILDCAT NAME  
Drinkard

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 8, T-22-S, R-37-E

12. COUNTY OR PARISH  
Lea

13. STATE  
New Mexico

14. API NO.  
-

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3422' DF

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

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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.)\*

REMARKS approval of temporary

abandonment expires 4-1-80

1. Well Status - Shut-in
2. Temporary Abandonment Date - 3-14-78
3. Reason for Abandonment - Not economical to operate (pumping 100% water)
4. Future Plans - Evaluate for remedial work
5. Date of Future Workover or Plugging - 1st Quarter, 1980

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE August 1, 1979

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

