

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM 032368

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Elliott "B-9"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Paddock

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

Sec. 9, T-22-S, R-37-E

12. COUNTY OR PARISH

Lea

13. STATE
New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Texas Pacific Oil Company, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 4067, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit "C" 660' FNL & 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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. 10-4-76 - MIRUPU, Install BOP. POH w/rods & tubing. Set RBP at 3737'. Tested csg. to 650 psig. Held OK. POH w/RBP.

2. CO to 5183' and drilled new hole to 5243'. 4 1/8"

3. Acidized below packer (4997') w/2000 gals. 15% NE Acid.

4. Ran 2 3/8" tubing with SN at 5123'. Swabbed & flowed well to clean up. Returned well to production 10-14-76.

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

SIGNED

W. J. McIntosh

TITLE Dist. Operations Supt

DATE 10-18-76

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

