

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 ☐
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.)
1978 FSL & 1975' FEL
AT SURFACE: (Unit Letter J)
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	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input checked="" 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)	<input type="checkbox"/>		<input type="checkbox"/>

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. INSTALL BOP.
2. DRILL OUT CIBP @ 5400' AND PUSHED TO 7046' (PBTD).
3. PERFORATE 5 1/2" CASING IN DRINKARD PAY @ 6378, 86, 6449, 85, 6514, 54, 54, 71, 84, 6623, 38, 6724, 32, 63, 70, 86, & 6792.
4. PERFORATE 5 1/2" CASING IN TUBB PAY @ 6145, 56, 62, 74, 6215, 22, 28, 45, 47, 62, 6305, 22, & 6331.
5. PERFORATE 5 1/2" CASING IN BLINEBRY PAY @ 5774, 5903, 41, 65, 94, 6012, 32, 49, & 6058.

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 8-30-84

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY.

SEP 6 1984

[Signature] NEW MEXICO

*See Instructions on Reverse Side

5. LEASE
LC-032100
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
C. H. Lockhart Federal NCT-1
9. WELL NO.
4
10. FIELD OR WILDCAT NAME
Blinebry, Drinkard, Tubb
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 18, T-22-S, R-38-E
12. COUNTY OR PARISH
Lea
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3359' (GR)

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

RECEIVED

SEP 12 1984

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HOBBS OFFICE