

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 ☒ gas ☐ other ☐
well well

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: 1978' FSL & 1975' FSL
AT TOP PROD. INTERVAL: (Unit Letter 'J')
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) ☐

☐
☐
☐
☐
☐
☐
☐
☐
☐

(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. Install BOP.
2. Clean out. Drill CIBP @ 5400' & pkr. @ 7046'.
3. Perforate Drinkard @/2-JSPF @ 6378,86,6449,85,6514,54,71,84,6623,38,6724,32,63,70,66,& 6792'.
4. Perforate Tubb W/2-JSPF @ 6145,56,6274,6215,22,28,45,47,62,6305,22,& 6331.
5. Perforate Blinbry W/2-JSPF @ 5774,5903,41,65,94,6012,32,49,& 6058.
6. Set RBP @ 7030,& pkr. @ 6700. Acidize Drinkard perfs 6724-7025, W/4000 gals. 15% NEFE Acid in 4-stages using 300# rock salt between stages. Flush.
7. Reset RBP @ 6700' & pkr. @ 6350. Acidize Drinkard perfs. 6378-6638 W/4000 gals. 15% NEFE Acid in 4-stages using 300# rock salt between stages. Flush.
8. Reset RBP @ 6350/ & pkr. @ 6095. Acidize Tubb perfs. 6145-6331 W/4500 gals. 15% NEFE Acid in 5-stages using 300# rock salt after 1st and 2nd stage. Flush.
9. Reset RBP @ 6095' & pkr. @ 5545'. Acidize Blinbry perfs. 5597-6058 W/3000 gals. 15% 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 4-27-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

