

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

P. O. BOX 1989
HOBBS, NEW MEXICO 88240

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: 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)

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6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

A.H. BLINEBRY FED. NCT-3

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Drinkard

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

Sec. 31, T-22-S, R-38-E

12. COUNTY OR PARISH

Lea

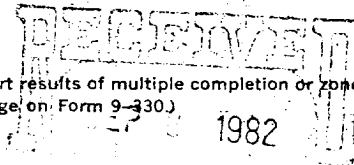
13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3325' (GR)

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



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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.)*

Spud 12 $\frac{1}{4}$ ' Hole, 7:00 P.M., 8-26-82

Total Depth 1227'

1. Ran 1217' (29 Jts.) 9 5/8" OD 32.3# H-40 Csg & set @ 1227.
2. Cemented W/1200 Sx Class 'H' Cement containing 5# gilsonite & 2% CaCl. Follow W/200 Sx. Class 'H' Cement containing 2% CaCl. Cement Circulated. Job complete 6:55 P.M., 8-28-82. WQC in excess of 18 Hrs.
3. Tested 9 5/8" csg to 1000# for 30 Minutes, 4:45 P.M., 8-29-82. Tested OK. Job complete 5:15 P.M., 8-29-82.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Asst. Dist. Mgr. DATE 9-2-82.

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 5 1982

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See Instructions on Reverse Side