

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.)
500' FNL & 558' FWL

AT SURFACE: (Unit Letter D)

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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

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.)*

TOTAL DEPTH 2500'

11 2/3" OD 42# J-55 CSG SET @ 1180'

1. RAN 2486' (59 JTS) 8 5/8" OD 32# K-55 CSG AND SET @ 2500'.
2. CEMENTED 1ST STAGE W/200 SX HLW CEMENT CONTAINING 15# SALT AND 2% CACL PER SACK FOLLOWED 200 SX CLASS H CEMENT CONTAINING 2% CACL.
3. WITH DV TOOL OPEN @ 1199' CEMENTED 2ND STAGE W/275 SX CLASS H CEMENT CONTAINING 2% CACL. CEMENT CIRCULATED. JOB COMPLETE 2:00 AM, 10-22-84. WOC IN EXCESS OF 18 HRS.
4. TESTED 8 5/8" CSG TO 1000# FOR 30 MINUTES, 11:00-11:30 PM, 10-22-84. TESTED OK.. JOB COMPLETE 11:30 PM, 10-22-84.

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

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

SIGNED W.A. Baker II TITLE Dist. Operation Mgr DATE 10-24-84

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

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:
OCT 31 1984

Carlsbad

NEW MEXICO (See Instructions on Reverse Side)

5. LEASE
LC-032104

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
A. H. Blinberry Federal NCT-3

9. WELL NO.
5

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)
3314' (GR)

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