

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 ☐  
well well other

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FSL & 1980' FWL  
AT TOP PROD. INTERVAL: (Unit Letter 'K')  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

☒  
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☐  
☐  
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☐  
☐

5. LEASE

LC-032104

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

A.H. Blinebry - Federal NCT-1

9. WELL NO.

42

10. FIELD OR WILDCAT NAME

Wildcat

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

Sec. 33, 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)  
3345' (GR)

(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.)\*

TOTAL DEPTH 8000'

11 3/4" OD 42# H-40 CSG SET @ 1200'

1. RAN 7985' (194 JTS) 5 1/2" OD 17# J-55 CASING AND SET @ 8000'.
2. CEMENTED 1ST STAGE W/750 SX HLW CEMENT COSNTAINING 1/4# FLOCELE PER SACK FOLLOWED W/300 SX CLASS H CEMENTNT CONTAINING 1/4# FLOCELE PER SACK.
3. WITH DV TOOL OPEN @ 3928' CEMENTED 2ND STAGE W/1500 SX HLW CEMENT CONTAINING 15# SALT AND 1/4# FLOCELE PER SACK. CEMENT CIRCULATED. JOB COMPLETE 7:15 PM, 10-11-84. WOC IN EXCESS OF 18 HRS.
4. TESTED 5 1/2" CSG TO 1500# FOR 30 MINUTES, 10:00-10:30 AM, 10-15-84. TESTED OK. JOB COMPLETE 10:30 AM, 10-15-84.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED W.A. Bahr TITLE Asst. Dist. Mgr. DATE 10-31-84

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

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NOV 6 1984

Culshad NEW MEXICO

\*See Instructions on Reverse Side

RECEIVED

NOV -9 1984

O.C.D.  
HOBBS OFFICE