

**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.)  
AT SURFACE: **1980' FNL & 660' FWL**  
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 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) <b>Temporarily abandoned</b>		

5. LEASE

**N.M. 0349956**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**C. R. Penny (ACT-4)**

9. WELL NO.

**1**

10. FIELD OR WILDCAT NAME

**Langlie Mattix Seven Rivers Queen**

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

**Section 19, T-25-S, R-38-E**

12. COUNTY OR PARISH

**Lea**

13. STATE

**New Mexico**

14. API NO.

**Regular**

15. ELEVATIONS (SHOW DF, KDB, AND WD)

**3078' DF**

(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.)\*

REMARKS**Producing rate prior to being shut-in: 17 BWPD.**

1. Well Status - **Well is currently shut-in.**
2. Temporary Abandonment Date - **Shut-in date: 2-25-76.**
3. Reason for Abandonment - **Producing 100% water.**
4. Future Plans - **Held for remedial work.**
5. Date of Future Workover or Plugging - **2nd Quarter 1982.**

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

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

SIGNED

TITLE **Asst. Dist. Mgr.****May 13, 1981**

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
DATE **MAY 27 1981**  
**KAREN E. SAYLES**Approval of temporary  
abandonment expires **DEC 1 1981**

\*See Instructions on Reverse Side

**JAMES A. CULHAM**  
DISTRICT SUPERVISOR