

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 Producing 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: Unit Ltr N, 660 FSL &
AT TOP PROD. INTERVAL: 1980 FWL
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 checked="" 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) <input type="checkbox"/>	<input type="checkbox"/>

6/6/85

(Rec'd verbal approval BLM-Mr. Bob Pitschke)

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. Rigged up. TOH w/production equipment.
2. Perfed 5 1/2" csg. at 3528, 36,54,80 and 84' w/2 JSPI (10 holes).
3. PSA 3511'. Frac'd 5 1/2" csg. perfs 3528-84' w/1500 gal. 15% NEFE 20,000 gal. 30# X-Link containing 46,000# 12/20 SD. Flush w/22 bbls. X-link gel. Rel. pkr.
4. Ran production equipment. Test and place on production.

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

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

SIGNED R. Frank Gray TITLE Dist. Opr. Mgr. DATE 7/26/85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL SWR

TITLE

DATE

AUG 5 1985

CARISBAD, N.M., MEXICO

*See Instructions on Reverse Side

5. LEASE LC-057420	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME Myers Langlie Mattix Unit	
8. FARM OR LEASE NAME	
9. WELL NO. 48	
10. FIELD OR WILDCAT NAME Langlie Mattix	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T23S, R-37E	
12. COUNTY OR PARISH Lea	13. STATE NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3303 GL	

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

RECEIVED

AUG -8 1985

RECEIVED
FBI - NEW YORK