

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 & 1980 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:

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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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, T-23S, 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.)

- 6/6/85 Received verbal approval BLM-Mr. Bob Pitschke
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, w/BLM 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. Rig up. Pull rods and pump. Install BOP and pull tbq.
 2. C/O 5 1/2" csg. to PBTD 3702'.
 3. Perforate 5 1/2" csg. at 3528', 36,54,80 and 84 w/2 SPF.
 4. Set pkr.
 5. Acidize Langlie Mattix perfs 3528-3584' w/1500 gal. of 15% NEFE HCL. Use ball sealers for division.
 6. Fracture treat 3528-3584' w/20,000 gal. of 30# cross-linked gel and 12/20 sand concentrations.
 7. POH w/pkr.
 8. 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 W. B. [Signature] TITLE Dist. Opr. Mgr. DATE 6/6/85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE 7-1-85
CONDITIONS OF APPROVAL, IF ANY: _____