

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.)

660' FNL & 1980' FEL

AT SURFACE: (Unit Letter 'B')

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) Commence Drilling Operations

5. LEASE NO.

LC-030177 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C.W. Shepherd Federal

9. WELL NO.

7

10. FIELD OR WILDCAT NAME

Langlie-Mattix (7River Queen Grayburg)

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

Sec. 5, T-26-S, R-37-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

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

2977' (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.)\*

SPUD 12 $\frac{1}{4}$ " HOLE, 11:45 AM, 6-13-83  
TOTAL 1000'

1. Ran 990' (22 Jts.) 8 5/8" OD 24# J-55 Csg & Set @ 1000'.
2. Cemented W/550 sx. Class 'H' Cement containing 4% Gel followed W/200 sx. Class 'H' Cement containing 2% CaCl. Cement circulated. Job complete 1:00 PM, 6-15-83. WOC in excess of 18 hrs.
3. Tested 8 5/8" csg to 1500# for 30 minutes, 8:30-9:00 AM, 6-16-83. Tested OK. Job complete 9:00 AM, 6-16-83.

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

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

SIGNED [Signature] TITLE Asst. Dist. Mgr. DATE 6-17-83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

[Signature]

JUN 28 1983

\*See Instructions on Reverse Side

ROSWELL, NEW MEXICO