

UNITED STATES M. OIL CONS. COMMISSION  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

5. LEASE  
LC-030181 (a)  
88240  
6. INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
H.G. Moberly Federal  
9. WELL NO.  
2  
10. FIELD OR WILDCAT NAME  
Langlie Mattix (Seven Rivers Grayburg)  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 8, 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)  
2973' (GR)

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 & 1980' FWL  
AT TOP PROD. INTERVAL: (Unit Letter 'F')  
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) ☐ ☐

(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 3700'  
8 5/8" OD 24# K-55 CSG SET @ 1000'

1. RAN 3690' (90 JTS) 5 1/2" OD 15.5# J-55 CSG AND SET @ 3700'.
2. CEMENTED W/1000 SX 50/50 POZMIX-CLASS H CEMENT CONTAINING 10# SALT AND 1/4# FLOCELE PER SACK. CEMENT CIRCULATED. JOB COMPLETE 9:00 AM, 9-16-84. WOC IN EXCESS OF 18 HRS.
3. TESTED 5 1/2" CASING TO 1500# FOR 30 MINUTES, 11:00-11:30 A. M., 9-19-84. TESTED OK. JOB COMPLETE 11:30 AM, 9-19-84.

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 9-20-84

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

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

SEP 20 1984

Calced,

NEW MEXICO See Instructions on Reverse Side

RECEIVED  
SEP 27 1984  
HOBBS