

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 & 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	<input type="checkbox"/>	<input checked="" 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) <u>Commence Drilling Operations</u>		

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 1/4" HOLE, 12:30 AM, 8-30-84
TOTAL DEPTH 1000'

1. RAN 988' (24 JTS) 8 5/8" OD 24# K-55 CASING AND SET @ 1000'.
2. CEMENTED W/550 SX CLASS H CEMENT W/4% GEL FOLLOWED BY 200 SX CLASS H CEMENT CONTAINING 2% CACL. CEMENT CIRCULATED. JOB COMPLETE 12:00 NOON, 9-2-84. WOC IN EXCESS OF 18 HRS.
3. TESTED 8 5/8" CSG TO 600# FOR 30 MINUTES, 9:00-9:30 AM, 9-5-84. TESTED OK. JOB COMPLETE 9:30 AM, 9-5-84.

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 9-6-84

ACCEPTED FOR RECORD

APPROVED BY [Signature] TITLE _____ DATE _____

SEP 11 1984

*See Instructions on Reverse Side

NEW MEXICO

6. LEASE
LC-030181 (a)

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)

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

RECEIVED

SEP 12 1984

O.C.D.
HOBBS OFFICE