

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:
AT TOP PROD. INTERVAL: 2309' FSL & 2310' FEL
AT TOTAL DEPTH: (Unit Letter "J")
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) Shut-In ☐

SUBSEQUENT REPORT OF:

- ☐
☐
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☐
☐
☐
☐
☐
☐

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE
LC-061936
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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7. UNIT AGREEMENT NAME
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8. FARM OR LEASE NAME
E. F. Ray "B" Federal NCT-1
9. WELL NO.
6
10. FIELD OR WILDCAT NAME
Paduca Delaware
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec.10, T-25-S, R-32-E
12. COUNTY OR PARISH
Lea
13. STATE
New Mexico
14. API NO.
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15. ELEVATIONS (SHOW DF, KDB, AND WD)
3463' (DF)

RECEIVED
AUG 23 1979

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.)*

REMARKS

1. Well Status - Shut-In
2. Temporary Abandonment Date - 8-14-79
3. Reason for Abandonment - Not economical to operate (pumping 100% water)
4. Future Plans - Evaluate for remedial work
5. Date of Future Workover or Plugging - 3rd Quarter, 1980

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

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

SIGNED James V. Lund TITLE Asst. Dist. Supr. DATE August 22, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:This approval of temporary
abandonment expires 8-14-80

*See Instructions on Reverse Side

James V. Lund

RECEIVED
SEP 5 1971
O.C.D. HOBBS, OFFICE

RECEIVED
AUG 24 1971
O.C.D. HOBBS, OFFICE