| | Form 9-331 (May 1963) U'TED STA DEPARTMLΓ OF TH | (Others desident atte | |
|-------|---|---|---|
| | HOBBS OFFICE GEOLOGICAL | | LC-062300 |
| | SUNDRY NOTICES AND REPORTS ON WELLS | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| | (Do not use this form for proposal topifill or to deepen or plug back to a different reservoir. | | NONE |
| | 1. OIL X GAS WELL OTHER | | 7. UNIT AGREEMENT NAME |
| | 2. NAME OF OPERATOR | | 8. FARM OR LEASE NAME |
| • | TEXACO II | nc. | G.E. Jordan Eddfal NCT- |
| | 3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico | | 9. WELL NO. |
| | 4. LOCATION OF WELL (Report location clearly and in accord | | 10 10. FIELD AND POOL, OR WILDCAT |
| | See also space 17 below.) At surface Well located 2130' from the South Line, and 2130' from the East Line of Section 15, T-25-S, R-32-E, Lea County, N. M. | | Paduca Delaware |
| | | | 11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA |
| | | | Sec. 15, T-25-S, R-32-E |
| | | Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE |
| | Regular | 3441 (D. F.) | Lea N. M. |
| - | 16. Check Appropriate Box T | o Indicate Nature of Notice, Report, or | Other Data |
| | NOTICE OF INTENTION TO ; | | BQUENT REPORT OF : |
| | TEST WATER SHUT-OFF PULL OR ALTER CAS | ING WATER SHUT-OFF | REPAIRING WELL |
| | FRACTURE TREAT MULTIPLE COMPLETE | | X ALTERING CASING |
| | SHOOT OR ACIDIZE ABANDON* | SHOOTING OR ACIDIZING | ABANDONMENT [®] |
| | REPAIR WELL CHANGE PLANS | (Other) | its of multiple completion on Well |
| | (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly st in dimetionally defined and the state of | Completion or Recor | npletion Report and Log form.) |
| | Tag bottom with tubing depth of 4765'. Frac well with 3000 ga flush well with 100 bt and test. On 24 Hour Potential T | en completed on subject wells g, and reverse circulate hole allons refined oil, 3000 pour ols lease crude. Swab well, Cest ending 7:00 A. M. Decemb BBL Water, GOR - 1000, GRAVI | e clean to total nds of sand, and recover load oil, per 26, 1966, well |
| | 18. I hereby certify that the foregoing is true and correct | | |
| • | BIGNED Dan Gillett | TITLE Assistant District | DATE December 28, 196 |
| | (This space for Federal or State office use) | | |
| · . | APPROVED BY | TITLE | BAV/247 |
| | CONDITIONS OF APPROVAL, IF ANY: | APP | ROVED |
| | | | |
| | • • • • • • • • • • • • • • • • • • • | e Instructions on Reverse Side | 3.0 1966 |
| | 3C | | |
| | | | GORDON STDIAT ENGINEED |
| | \mathbf{A} | AUTRO DA | STRICT ENGINEER |