

UNITED STATES HOBBES, NEW MEXICO 88240

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 Water Injection Well
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: 990' FSL & 2310' FEL
AT TOP PROD. INTERVAL: (Unit Letter 'O')
AT TOTAL DEPTH:

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* ☐

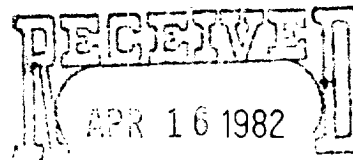
SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

(other) OF: Set CIBP above Perfs.
& Temporarily Abandon

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.)*

1. Rigged up. Install BOP. Pulled packer & tubing.
2. Set CIBP @ 4550' & spot 40' Cement on top of plug. Tested casing to 600# for 30 minutes, 10:30-11:00 AM, 4-9-82. Tested OK
3. Load Csg. w/inhibited water.
4. Well temporarily abandoned, 4-9-82.



Subsurface Safety Valve: Manu. and Type _____

Oil & Gas Set @ _____ Ft.

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

SIGNED _____

TITLE Asst. Dist. Mgr DATE 4-13-82

APPROVED

(This space for Federal or State office use)

APPROVED BY

(Orig. Sgd.) PETER W. CHESTER

CONDITIONS OF APPROVAL, IF ANY:

DATE _____

APPROVED FOR 12 MONTH PERIOD
ENDING APR 9 1983

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

RECEIVED

APR 17 1982

O.C.D.
HOBBS OFFICE