

U. S. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240
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 ☒ gas ☐ 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.)
330' FSL & 2310' FWL
AT SURFACE: (Unit Letter 'N')
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

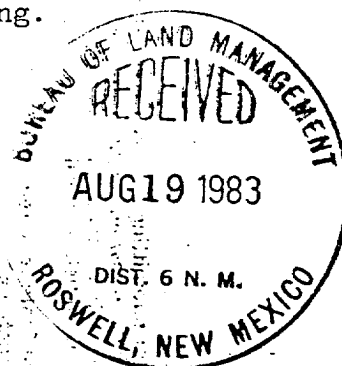
- | | | |
|----------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| 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) Report of: Downhole Commingle

5. LEASE
LC-032874 (a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-
7. UNIT AGREEMENT NAME
-
8. FARM OR LEASE NAME
G. L. Erwin 'A' Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Justis Blinbry & Justis
Tubb Drinkard
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 35, T-24-S, R-37-E
12. COUNTY OR PARISH
Lea
13. STATE
New Mexico
14. API NO.
-
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3716' (DF)

(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.)*

1. Rig up. Install BOP. Pull rods & pump from Tubb-Drinkard String.
2. Unable to clean out Justis Blinbry Zone.
3. Change status of Zones as follows:
Justis Blinbry - Shut-In, To be reconditioned - Oil - 8-1-83
Tubb-Drinkard - Shut In, To be reconditioned - Oil - 8-1-83.
Justis Devonian - No Change
4. Workover incomplete 8-1-83



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 8-5-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AUG 30 1983

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO