

P. O. Box 1980

HOBBS, NEW MEXICO 88240 UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

Approved.
Set Bureau No. 42-R1424

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.)

AUG 19 1983

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: 660' FEL & 2310' FNL (Unit Letter 'H')

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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Report of: Downhole Commingle

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.
2. Clean out Fusselman String to 7205'.
3. Perforate 2 7/8" Fusselman String W/2-JSPF from 5940'-5950' & 5440'-5450'.
4. Set pkr. @ 7094'. Acidize csg perfs. 7150'-7203' W/500 gals. 15% NE Acid.
5. Set RBP @ 6020' & pkr. @ 5823'. Acidize perfs. 5940'-5950' W/500 gals. 15% NE Acid & 20 Bbls. 2% KCL Water overflush.
6. Reset RBP @ 5484' & pkr. @ 5387'. Acidize perfs. 5440'-5450' W/500 gals. 15% NE Acid & 20 Bbls. 2% KCL Water Overflush.
7. Install pumping equipment.
8. On 24 hr. potential test ending 7-21-83, Well pumped 30 BO, 40 BW, GOR 5900'. Well completed triple Down-Hole Commingle, Fusselman, Blinbry, & Tubb Drinkard Zones.

NMOCD ADMINISTRATIVE ORDER# DHC-366, 7-8-82.

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 7-28-83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

AUG 30 1983