

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: 990' FWL & 1980' FSL
AT TOP PROD. INTERVAL: Unit Letter 'L'
AT TOTAL DEPTH:

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

5. LEASE
LC-032874 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
G. L. Erwin, Federal

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
Justis Tubb Drinkard & Justis Blinebry

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 DEPTH OF KDB AND WD)
3189' (DE)

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) * Downhole Commingle

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U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

(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 Blinebry string.
2. Drill out retainer @ 5720' & clean out to 6100'.
3. Test Blinebry 2 7/8" Csg for leaks. Squeeze if necessary.
4. Clean out Drinkard & test 2 7/8" Csg for leaks. Squeeze if necessary.
5. Perforate Blinebry w/2-JSPF from 6070' - 6080'.
6. Install pumping equipment in Drinkard string. Downhole commingle w/Blinebry.

Subsurface Safety Valve: Manu. and Type

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

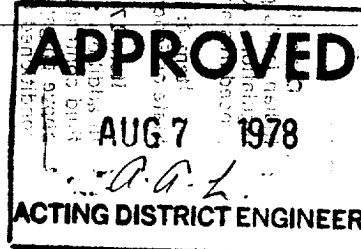
SIGNED  TITLE Asst. Dist. Supt. DATE 8-3-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



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CH. CONSTITUTION COMMA
BUREAU N 10