

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:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

852/N 1650/W

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) To repair Well & Downhole
Commingle

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

AUG 8 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.

2. Test for casing leak & squeeze if required.

3. Set pkr in Tubb Drinkard String @ 6050'. Acidize perfs. w/3000 gals 15% NE acid in 3-stage using 200# rock salt between stages. Flush.

4. Perf Drinkard string w/2-JSPF from 5710'-5720'. Test for adequate communication.

5. Install pumping equipment in Drinkard string. Test & place on production. Downhole Commingle Blinbry & Tubb Drinkard zones using Blinbry casing as vent string.

APPROVAL OF NMOCD REQUIRED FOR DOWNHOLE COMMINGLING

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Asst. Dist. Supt. DATE 8-7-79

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

APPROVED
AUG 9 1979
ACTING DISTRICT ENGINEER

RECEIVED
AUG 14 1979
O.C.D. HOBBS, OFFICE

RECEIVED
AUG 14 1979
O.C.D. HOBBS, OFFICE