

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: 852' FNL & 1650' FWL
AT TOP PROD. INTERVAL: Unit Letter 'C'
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* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE NM-14218
6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
7. UNIT AGREEMENT NAME -
8. FARM OR LEASE NAME C.C. FRISTOE B FED. NCT-2
9. WELL NO. 95
10. FIELD OR WILDCAT NAME Justis Blinebry & 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 DE, KDB, AND WD) 3195 (DE)

(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.
2. Check for leaks in Drinkard & Blinebry strings.
3. Squeeze if necessary.
4. Run packer leakage test.
5. Return Blinebry to production.

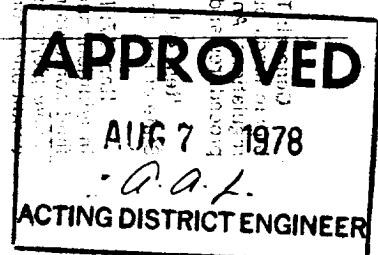
Subsurface Safety Valve: Manu. and Type _____

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:



APPROVED

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