

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 ☐ other2. 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: 500' FSL, 500' FWL

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) To Downhole Commingle & Treat.

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. Pull rods & pmp from Blinebry. Install BOP. Clean out to 6100'.
2. Test for casing leaks. Repair as required.
3. Frac existing perms w/20,000 gals cross-link gel & 23,000# 20/40 sand.
4. Perf 2 7/8" Blinebry tubing w/2-JSPF @ 5230, 36, 46, 53, 58, 63, 77, 86, 98, 5304, 20 & 5336.
5. Clean out Drinkard string to 6110'. Set pkr @ 5900'.
6. Acidize w/1800 gals 15% NE acid in 3-stages using rock salt between stages. Flush w/20 bbls 2% KCl water.
7. Perf 2 7/8" Blinebry w/2-JSPF from 6066-6076.
8. Install pumping equipment. Test & place on production. Downhole Commingle Tubb-Drinkard & Blinebry.

APPROVAL OF NMOCDA ALSO REQUIRED FOR DOWNHOLE COMMINGLING
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

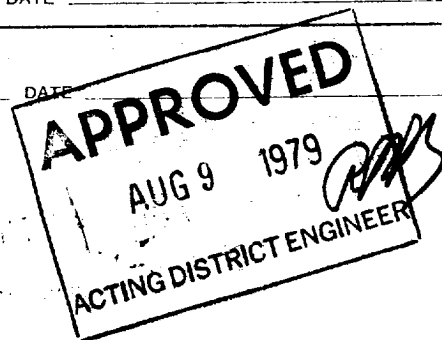
18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] 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



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OCT 14 1979

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