

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: 2310' FSL & 2310' FEL
AT TOP PROD. INTERVAL: (Unit Letter 'J')
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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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 tubing.
2. Set pkr. @ 5100'. Acidize perms. 5205'-5802' w/4000 gal. 15% LST NEFE Acid in 2-stages using 200# rock salt between stages. Flush w/Kcl water.
3. Run production equipment. Test & return to production.

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 1/9/81

(This space for Federal or State office use)

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

5. LEASE <u>LC-932592 (b) NM 14218</u>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME <u>C. C. Fristoe 'B' Fed. HCT-2</u>	
9. WELL NO. <u>12</u>	
10. FIELD OR WILDCAT NAME <u>Justis Blinbry</u>	
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA <u>Sec. 26, T-24-S, R-37-E</u>	
12. COUNTY OR PARISH <u>Lea</u>	13. STATE <u>New Mexico</u>
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) <u>3193' (DF)</u>	

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

*See Instructions on Reverse Side

APPROVED
JAN 14 1981
[Signature]
DISTRICT SUPERVISOR