

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 ☐ gas ☒ 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.)  
990' FSL 1979 FEL  
AT SURFACE: 990' S, 1979' E  
AT TOP PROD. INTERVAL:  
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\* ☐

## SUBSEQUENT REPORT OF:

(other) Extension Request

RECEIVED

AUG 3 1979

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" Federal NCT-2  
9. WELL NO.  
13  
10. FIELD OR WILDCAT NAME  
Justis Blinbry  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 26, T-24-S, R-37-E  
12. COUNTY OR PARISH  
Lea  
13. STATE  
New Mexico  
14. API NO.  
-  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4188' DF

(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.)\*

## REMARKS

This approval of temporary  
abandonment expires 6-1-80

- Well Status - Shut-in
- Temporary Abandonment Date - 5-25-78
- Reason for Abandonment - Not economical to produce (pumping 100% water)
- Future Plans - Evaluate for remedial work
- Date of Future Workover or Plugging - 2nd Quarter, 1980

Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Asst. Dist. Supr DATE August 1, 1979

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE  
**APPROVED**  
AUG 6 1979  
ACTING DISTRICT ENGINEER