

UNITED STATES  
HOBBBS, NEW MEXICO 88240  
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.)

AT SURFACE: 554' FNL & 554' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

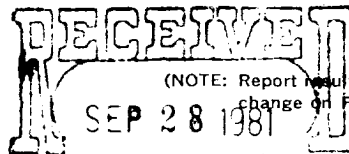
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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\* ☐

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

(other) Add'l. Perfs in Paduca & Treat U.S. GEOLOGICAL SURVEY  
ROSWELL, 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. Pull tubing & Pkr.
2. Perforate 4 1/2" Csg W/2-JSPF from 4786' - 4794' & 4797' - 4809'.
3. Set Pkr. @ 4700'. Acidize W/1500 Gal. 7 1/2% NEFE Acid in 3-stages using 200# rock salt between stages. Flush W/KCL Water.
4. Swab & evaluate.
5. If necessary, frac W/9000 Gal. X-Linked gelled KCL Water, 6750# 20/40 sand & 4500# 10/20 Sand in 3-stages. Flush.
6. Install producing 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. Mgr. DATE 9-24-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

