Form 9-331 Dec. 1973

UNITED STATESHOBES, NEW MEXICO
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.

88240 Budget Bureau No. 42-R1424

5. LEASE

NM-7488

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

other

1. oil gas well

2. NAME OF OPERATOR .
TEXACO Producing Inc.

TEXACO Producing Inc.
3. ADDRESS OF OPERATOR

P.O. Box 728, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Ltr. J, 1980 FSL & 1980 FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 7. UNIT AGREEMENT NAME
Myers Langlie Mattix Unit

8. FARM OR LEASE NAME

9. WELL NO.

164

10. FIELD OR WILDCAT NAME Langlie Mattix

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 4, T-24S, R-37E

12. COUNTY OR PARISH 13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3278.4 GR

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

ABANDON*

(other)

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

SUBSECUENT REPORT OF:

1. Rigged up. Pulled production equipment.

measured and true vertical depths for all markers and zones pertinent to this work.)*

- 2. Set pkr.
- Acidized 3445-3686' w/5000 gal. 15% NEFE 100 gal. checkersol and 80 BS's in 1 stage.

4. POH w/pkr.

5. Ran production equipment. Test and return to production. P/5 BO, 0BW, 40 MCFD, GOR 8000, Grav. 39.0.

Subsurface Safety Valve: Manu. and Type ___

Set @

F4

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

SIGNED W.B. W.L

TITLE Dist. Opr. Mgr.

_ . . _ _

DATE

6/6/8

(This space for Federal or State office use)

APPROVED BACCEPTED FOR RECORD TITLE CONDITIONS OF APPROVAL, IF ANY:

JUL 1 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

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