

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 ☐ APR 30 1981

2. NAME OF OPERATOR
Texaco Inc.

3. ADDRESS OF OPERATOR
P. O. Box 728, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
34-245-32E

AT SURFACE:
AT TOP PROD. INTERVAL: 660' FSL & 1980' FML
AT TOTAL DEPTH: (Unit Letter 'N')

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) Perforate & complete

5. LEASE
LC-061936

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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7. UNIT AGREEMENT NAME
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8. FARM OR LEASE NAME
Cotton Draw Unit

9. WELL NO.
74

10. FIELD OR WILDCAT NAME
North Paduca Delaware

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

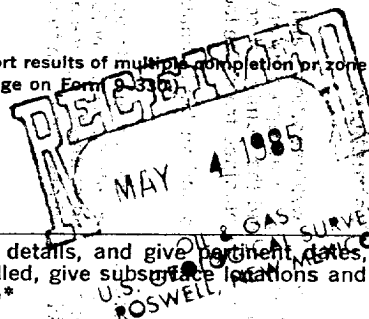
12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3502' (GR)

(NOTE: Report results of multiple completion or zone change on Form 9-331-D)



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.)*

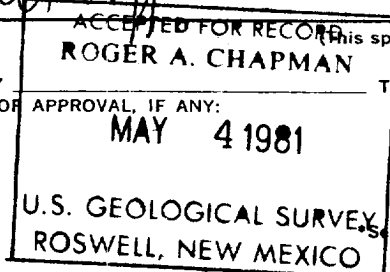
- TOTAL DEPTH 4967'
PLUG BACK TOTAL DEPTH 4906'
8 5/8" OD 24# K-55 Csg set @ 490'
5 1/2" OD 15.5# K-55 Csg set @ 4967'
1. Log Well. Perforate 5 1/2" Csg. w/2-JSPF @ 4844' & 4847'. Ran Tubing w/pkr. & set @ 4823'. Test perfs. Pull pkr.
 2. Set RBP @ 4836' & spot sand on plug. Perforate 5 1/2" csg w/2 JSPF @ 4783', 95', 4802' 08', 10', 13', 16', 21', & 4826'. Pull RBP
 3. Set pkr. @ 4723'. Pull Pkr. & clean out sand.
 4. Install pumping equipment. On 24 Hr. potential test well pumped 42 B0, 150 BW, GOR 1000

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Asst. Dist. Mgr. DATE 4/28/81

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



See Instructions on Reverse Side