

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 Mex. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 660' FWL
AT TOP PROD. INTERVAL: (Unit Letter 'D')
AT TOTAL DEPTH:

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

5. LEASE
LC-062300

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

8. FARM OR LEASE NAME
Cotton Draw Unit

9. WELL NO.
20

10. FIELD OR WILDCAT NAME
Paduca Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15, T-25-S, R-32-E

12. COUNTY OR PARISH
Iea

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3452' (DF)

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

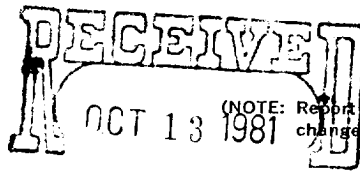
REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*



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

(other) To: Perf. & Treat Adtl' Pay in Delaware

OIL & GAS
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.)*

- Rig up. Pull rods & pump. Install BOP. Pull tubing.
- Clean out to 4745' (TD). Perforate 4 1/2" Csg W/2-JSPF from 4676' - 4680'.
- Set pkr @ 4620'. Acidize 4 1/2" Csg perfs. 4676' - 4723' W/1000 Gals. 15% NEFE Acid in 2-stages using 300# Rock Salt between stages.
- Frac W/5000 Gals. gelled water, 4500# 10/20 Sand & 6000# 8/12 Sand. Flush W/2% KCL Water.
- Rerun 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. Mgr. DATE 10-8-81

APPROVED _____ (This space for Federal or State office use)

APPROVED (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

OCT 13 1981
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side

