TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

DEPARTMENT OF THEHOMERS IN MEXICO 88240

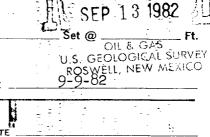
5. LEASE LC-061936

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6.	IF	INDIAN.	ALLOTTE	E OR	TRIBE	NAME

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 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 OF AREA Sec. 34, T-24-S, R-32-E		
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 well 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: 660' FSL & 1980' FWL AT TOP PROD. INTERVATION Letter 'N') AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE Lea New Mexico		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3502' (GR)		

(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.)*
 - Rigged up. Pull rods & pump. Install BOP. PULL tubing.
 - Set pkr. @ 4715'. Acidize 5½" Csg perfs. 4783'-4847' W/ 1100 gals. 71/2% NE Acid & 30 Ball Sealers. Flushed W/30 Bbls. 2% Kol Water.
 - Frac $5\frac{1}{2}$ " Csg. perfs. 4783'-4847' W/8000gel lease crude, 6500# 20/40 sand & 2000# 10/40 sand. Flushed W/50 Bbls. 2% KCI Water.
 - Install pumping equipment. On 24 Hour potential test ending 9-7-82, Well pumped 15 BO & 22 BW. GOR 1150.



Subsurface Safety Valve; Manu. and Type ___

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

TITLE Asst. Dist. Mgr. DATE

Charts space for Federal or State office use)

APPROVED BY GOIG. Sgd.) PLITER W. CHESTER

CONDITIONS OF APPROVAL, IF ANY

RECEIVED

JAN 18 1983

O.C.D. HOBBS OFFICE