

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 ☒ gas ☐
well well other

2. NAME OF OPERATOR

Texaco Inc.

3. ADDRESS OF OPERATOR

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

660' FSL & 1930' FWL

AT SURFACE:

AT TOP PROD. INTERVAL: (Unit Letter 'N')

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* ☐

(other)

88240
LEASE

LC-061936

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 OR AREA

Sec. 34, T-24-S, R-32-E

12. COUNTY OR PARISH

Lea

13. STATE

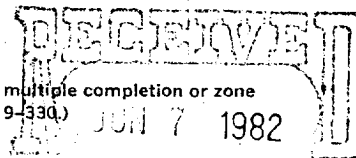
New Mexico

14. API NO.

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

3502' (GR)

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



OIL & GAS
U.S. GEOLOGICAL SURVEY
HOBBS, 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. Pull rods & pump. Install BOP. Pull tubing.
2. Set pkr. @ 4730'. Acidize 5 1/2" Csg. perfs. 4783' - 4847' w/1000 gals. 7 1/2% HFE Acid & 30 Ball Sealers.
3. Frac perfs. 4783' - 4847' w/3000 gals. gelled lease crude, 6500# 20/40 sand & 5000# 10/20 Sand. Flush.
4. Install 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

TITLE Asst. Dist. Mgr DATE 6-2-82

APPROVED

(This space for Federal or State office use)

APPROVED BY

(Off. Seal) PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 9 1982

FOR

JAMES A. GILHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side