

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 ☐ other ☐
well well

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. INTERVAL: (Unit Letter 'N')
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Clean out junk *

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

FEB 20 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

5. LEASE
IC-061936 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Cotton Draw Unit

8. FARM OR LEASE NAME
Cotton Draw Unit

9. WELL NO.
19

10. FIELD OR WILDCAT NAME
Paduca Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T-25-S, R-32-E

12. COUNTY OR PARISH | 13. STATE
Lea | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3455' (DF)

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. Rigged up. Install BOP.
2. Clean out to 4771'.
3. Install production equipment. On 24 hr. potential test ending 2-12-79, well pumped 5 Bbl oil, 122 Bbl. water, GOR 1280.

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

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

SIGNED W. L. Corp TITLE Asst. Dist. Supt. DATE 2-16-79

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

