

WELL DISTRICT COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL CONS. COMMISSION
P. BOX 1980 Form Approved.
HOBBS, NEW MEXICO 88240
Budget Bureau No. 42-R1424

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, N. M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 1980' FWL
AT TOP PROD. INTERVAL: (Unit Letter 'C')
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) ☐

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5. LEASE
LC-062300
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.
5
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
Lea
13. STATE
New Mexico
14. API NO.
-
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3442' (DF)

(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.)*

1. Rig up. Install BOP.
2. Spot 60 sx. Cement plug from 4778' - 4550'.
3. Spot 15 sx. Cement plug from 2300' - 2200'.
4. Spot ~~40~~ ¹⁰⁰⁻¹⁵⁰ squeezing 60-90 sx. outside 4 1/2" casing through holes in casing. P.W.C.
5. Spot 15 sx. Cement plug from 400' - 300'.
6. Spot 15 sx. Cement plug from 100' - Surface.

7. Install Dry Hole Marker. Clean location. Plug & Abandon Well.
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 8-3-82

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED (This space for Federal or State office use)
(C. S. S.) [Signature]
AUG 18 1982
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

RECEIVED
AUG 4 1982

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

RECEIVED

AUG 19 1982

G.C.D.
HOBBS OFFICE