

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.)

APR 27 1981

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR **TEXACO Inc.** U.S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO
3. ADDRESS OF OPERATOR **P. O. Box 728, Hobbs, NM 88240**
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE:
AT TOP PROD. INTERVAL: **660/77 + 1980/81**
AT TOTAL DEPTH:

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

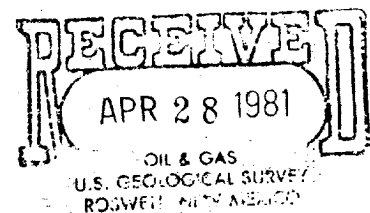
REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input checked="" type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	<input type="checkbox"/>		<input type="checkbox"/>

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. Rigged up. Install BOP. Clean out.
2. Set RBP @ 4602'. Tested Csg. Log Well. Pull RBP.
3. Well Shut-In, 4-16-81, pending further study.



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

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

SIGNED *[Signature]* TITLE **Asst. Dist. Supt.** DATE **4-23-81**

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

