UNITED STALLS	
	5. LEASE
DEPARTMENT OF THE INTERIOR	LC-062300
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME Cotton Draw Unit
(Do not use this form for proposals to drill or to deepen or plug back to a differen reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil 👦 gas 🗔	Cotton Draw Unit
2. NAME OF OPERATOR	9. WELL NO.
TEXACO Inc.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Paduca Delaware
P. O. Box 728, Hobbs, New Mexico 88240	
<ol> <li>LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)</li> </ol>	Sec 15, T-25-S, R-32-E
	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: 660/N 1980/W	Lea New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE	_ 14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	3442' (DF)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	
FRACTURE TREAT	- Fellov
SHOOT OR ACIDIZE	
PULL OR ALTER CASING	(NOTE: Reput/results of multiple completion or zone change on Form 9–330.)
	N 1 1 1980
	DLOGICAL SURVEY
(other)	S, NEW MEXICO
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly st including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertin</li> <li>Rig up. Install BOP. Run RBP &amp; pkr.</li> </ol>	directionally drilled, give subsurface locations and ent to this work.)*
. Test $4\frac{1}{2}$ " csg for leak. Clean out to 4 . Perforate $4\frac{1}{2}$ " csg w/4 JS @ 4786'. Set	
. Perforate 4½" csg w/4 JS @ 4786'. Set annulus w/treated water.	cement retainer @ 4775 . Load
. Set cement retainer @ 4775'. Squeeze	perfs $= 4786 \text{ w/100 sy class}$
'C' cement. WOC. DOC. Test csq.	
. Perforate 4 <sup>1</sup> / <sub>2</sub> " csg above 4712'. Acidiz	e perfs w/2000 gals 15% HCl
acid.	
. Install pumping equipment. Test & ret	urn to production.
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
	C
18. I hereby certify that the foregoing is true and correct	aut 1.0.00
SIGNED	Supt. DATE
(This space for Federal or State)	office use)
APPROVED BY TITLE TITLE	DATE
CONDITIONS OF AFFROVAL, IF ANT.	APPROVED
*See Instructions on Revers	e side

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JAN 1 5 1980