

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 ☒ Water Injection 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.)  
1980' FSL & 1980' FWL  
AT SURFACE: (Unit Letter 'K')  
AT TOP PROD. INTERVAL:  
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\* ☐

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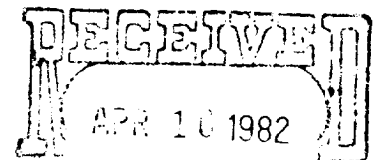
(other) OF: Set CIBP above Peris  
& Temporarily Abandon.

5. LEASE  
LC-061869  
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.  
29  
10. FIELD OR WILDCAT NAME  
Paduca Delaware  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 21, 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)  
3045' (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. Pull tubing & packer.
2. Set CIBP @ 4500' & spot 40' Cement on plug. Tested casing w/600# for 30 minutes, 12:30-1:00 PM, 4-13-82. Tested OK.
3. Load casing w/inhibited water.
4. Well temporarily abandoned, 4-14-82.



Subsurface Safety Valve: Manu. and Type

Set @ 0 ft.

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

SIGNED [Signature] TITLE Asst. Dist. Mgr. DATE 4-14-82

APPROVED (This space for Federal or State office use)  
(Orig. Sgd.) PETER W. CHESTER

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

APR 26 1982  
FOR  
JAMES A. GILLHAM  
DISTRICT SUPERVISOR

DATE  
APPROVED FOR 12 MONTH PERIOD  
APR 14 1983  
ENDING

\*See Instructions on Reverse Side

**RECEIVED**

**APR 27 1982**

**C.O.D.  
HOBBS OFFICE**