

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:  
AT TOP PROD. INTERVAL: 660' FSL & 1980' FWL  
AT TOTAL DEPTH: (Unit Letter 'N')

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 type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input 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) TO: CONVERT TO WATER INJECTION

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. Pull rods and pump. Install BOP. Pull tubing.
2. Clean out.
3. Set pkr. @ 4550'. Acidize perms 4604'-4657' W/1000-gal-15% NEFE Acid.
4. Run plastic coated injection tubing W/pkr. and set @ 4550'.
5. Load Annulus W/inhibited water.
6. Convert well to water injection.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED W. B. G. L. TITLE Dist. Opr. Mgr. DATE 1-23-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE FIELD MANAGER DATE 2-5-85  
CONDITIONS OF APPROVAL, IF ANY:

Subject to  
Like Approval  
by State

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. 38
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) 3400' (DF)

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

RECEIVED

FFB - 6 1985

O.C.D.  
HOBBS OFFICE