UNITED STATES

F, O, 2011 1990 F, O, 2011 1990 FERINGS (4014)

SUBSEQUENT REPORT OF:

LC - 061869

DEPARTMENT	OF	THE	INTERIOR
GEOLOG	ICAL	SUR	RVEY

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES	AND	RFPORTS	ON	WELLS
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(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

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:

1980' FEL & 660' FNL

AT TOP PROD. INTERVAL: (Unit Letter B)
AT TOTAL DEPTH:

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF
FRACTURE TREAT

SHOOT OR ACIDIZE

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 9. WELL NO.
7
10 FIELD OF WILDCAT NAME

7. UNIT AGREEMENT NAME Cotton Draw Unit

8. FARM OR LEASE NAME Cotton Draw Unit

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 21, T-25-S, R-32-E

12. COUNTY OR PARISH 13. STATE
Les New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3448' (DF)

REPAIR WELL
PULL OR ALTER CASING
MULTIPLE COMPLETE
CHANGE ZONES
ABANDON*
(other) 70: Repair Water Flow

(NOTE: Report results of multiple completion change on Form 9–330.)

R. OF LAND MORE

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- 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent less, 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 & PUMP. INSTALL BOP. PULL TBG.
 - 2. SET RBP @ 4419' AND CAP W/ SAND.
 - 3. SET CEMENT RETAINER @ 660'. CEMENT CASING LEAK LOCATED BETWEEN 762' AND 793' W/APPROX. 550 SX. CLASS H CEMENT CONTAINING 2% CACL. CIRCULATE CEMENT. WOC. DOC. TEST.
 - 4. RETRIEVE RBP.
 - 5. CLEAN OUT IF NECESSARY.
 - 6. INSTALL PUMPING EQUIPMENT. TEST AND RETURN TO PRODUCTION.

Subsurface Safety Valve: Manu. and Type	Set @	Ft.
18. I hereby certify that the foregoing is true and correct		
SIGNED ASST DIST Mgr DATE	10-10-83	
(This space for Federal or State office use) (ORIG. SGD.) DAVID R. GLASS APPROVED BY TITLE DATE	·	
conditions of APPROVNOV 30 1983	:	

DEC T. 1883