

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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.  
18

10. FIELD OR WILDCAT NAME  
Paduca Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 22, T-25-S, R-32-E

12. COUNTY OR PARISH 13. STATE  
Lea New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3420' (DF)

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.)  
1650' FNL & 1650' FWL  
AT SURFACE: (Unit Letter 'F')  
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	<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		

(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. Rig up. Install BOP.
2. Establish location of leak located approx 349'-380'.
3. Set cement retainer above leak. Cement to surface w/sufficient cement to circulate and squeeze w/addl 200 sx class H Cement. WOC. DOC. Test.
4. Clean out.
5. Set pkr @ 4620'. Acidize perms 4690'-4718' w/1000 gal 15% NEFE Acid.
6. Run injection tubing w/pkr and set @ 4620'. Load annulus w/inhibited water.
7. 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. Galt TITLE Dist. Opr's. Mgr DATE 1-23-85

(This space for Federal or State office use)

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

Subject to  
Like Approval  
by State

\*See Instructions on Reverse Side

RECEIVED

FEB -6 1985

O.C.D.  
HOBBS OFFICE