

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Lea	13. STATE 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 well <input checked="" type="checkbox"/> gas well <input type="checkbox"/> other <input type="checkbox"/>
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: 1650' FNL & 1650' FWL AT TOP PROD. INTERVAL: (Unit Letter 'F') 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) Repair Casing Leak	

(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.
2. Cement down 4½" Csg W/10 Sx. Class H Cement containing 2% CaCl. Circulate behind casing. Close Csg Hd & squeeze W/340 sx class H Cement containing Cacl & 10 sx class H Neat Cement. WOC. DOC.
3. Locate leak 383'-447'. Squeeze 4½" csg Leak W/100 sx. class H Cement containing 2% CaCl. WOC. DOC.
4. Tested to 500# for 30 minutes, 10:00-10:30 AM, 11-2-84. Tested OK.
5. Return well to Shut-IN status, 11-2-84.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED R. D. Allen TITLE Asst. Dist. Mgr. DATE 11-15-84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 19 1984

[Signature]

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

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1. oil ☒ well gas ☐ well 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: 1650' FNL & 1650' FWL
AT TOP PROD. INTERVAL: (Unit Letter F)
AT TOTAL DEPTH:

6. 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"/>
STRUCTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
INJECT 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)	<input type="checkbox"/>	<input type="checkbox"/>

* To: Repair
Casing Leak

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. PACKER TEST FOR CASING LEAK.
3. SET CEMENT RETAINER ABOVE LEAK.
4. CEMENT VOLUME TO BE DETERMINED. WOC. DOC. TEST.
5. LOAD CASING W/INHIBITED WATER. RETURN WELL TO SHUT-IN INJECTION STATUS.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED [Signature] TITLE Asst Dist Mgr DATE 8-3-84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE 8-25-84

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side

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	
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11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, 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) 3420' DF	

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

Instructions

RECEIVED

SEP 26 1984

OCC.
HOUSE OFFICE