AT TOTAL DEPTH:

ABANDON\*

(other)

## H. SH. CONS. COMMISSION

Form Approved.

New Mexico

## UN DEPARTMEN GEOL

Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES, O. 1934 1930 DEPARTMENT OF THE INFERIOR	XICO 10340 EASE LC-062300
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WEL	I Cotton Draw Unit
1. Oil y gas Other	8. FARM OR LEASE NAME Cotton Draw Unit
well 🗠 well U other	9. WELL NO.

gas 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: 1650' FNL & 1650' FWL AT TOP PROD. INTERVAL: (Unit Letter 'F')

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.

REPORT, OR OTHER DATA	
REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<u> </u>
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	
PULL OR ALTER CASING [	
MULTIPLE COMPLETE	
CHANGE ZONES	

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

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

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

Sec. 22, T-25-S, R-32-E

1. V 1. 1

12. COUNTY OR PARISH 13. STATE

10. FIELD OR WILDCAT NAME

Paduca Delaware :

14. API NO.

3420' (DF)

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.)\*

Rigged up. Install BOP. 1.

Repair Casing Leak

- Cement down 42" 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.
- Locate leak 383'-447'. Squeeze 4½" csg Leak W/100 sx. class H Cement containing
- Tested to 500# for 30 minutes, 10:00-10:30 AM, 11-2-84. Tested OK.
- 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 1.10. C. L. TITLE ASST. Dist. Mgr. DATE	11-15-84	
(This space for Federal or State office use)		
APPROVED BY DATE		

(a. Osland)

orm 9–331 Dec. 1973	Form Approved.
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	IC-062300 = = = =
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Do not use this form for proposals to drill or to deepen or plug back to a different asservoir. Use Form 9–331–C for such proposals.)	Cotton Draw Unit
sseryoir, use rorm 5-331-C for such proposess.y	8. FARM OR LEASE NAME # ### Cotton Draw Unit # 225
1. oil gas other	
	9. WELL NO. 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. NAME OF OPERATOR TEXACO Inc.	10. FIELD OR WILDCAT NAME 4 문항국
3. ADDRESS OF OPERATOR	Paduca Delaware 7 3 E 2
P. O. Box 728, Hobbs, New Mexico 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec. 22, T-25등 및 R-32-분 등 등
below.) AT SURFACE: 1650' FNL & 1650' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: (Unit Letter F)	Lea New Mexico
AT TOTAL DEPTH:	14. API NO. 2 2 9 2 3
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	इस्ते हैं इस्ते हैं
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3420 DF 4 24 5 8 2 2 2
EST WATER SHUT-OFF	top of the special with the special sp
RACTURE TREAT	w bun qoe le qoe le looker toud co accert a accert accert a accert accert accert accert a acc
HOOT OR ACIDIZE U U	(NOTE: Report results of multiple completion or zone
FULL OR ALTER CASING	change on Form 9-2203
AULTIPLE COMPLETE	change on Forms-330.) First being state of the change of t
CHANGE ZONES U U	truck of the man of the methy and the methy drawning the methy and the m
other) * To: Repair	encifourtessible of the distributions of the mind of the distribution of the distribut
Casing Leak  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is discussived and true vertical depths for all markers and zones pertiner	e all pertinent details, and give pertinent dates, irectionally drilled, give subsurface locations and
•	
	# de
mm - <del>m</del> m	100 min 100 mi
<ol> <li>RIG UP. INSTALL BOP.</li> <li>PACKER TEST FOR CASING LEAK.</li> <li>SET CEMENT RETAINER ABOVE LEA</li> <li>CEMENT VOLUME TO BE DETERMINE</li> <li>LOAD CASING W/INHIBITED W</li> <li>INJECTION STATUS.</li> </ol>	D. WOC. DOC. TEST.
	목업생님의 방병 함복을 위
Subsurface Safety Valve: Manu. and Type	Ft.
18. I hereby certify that the foregoing is true and correct  Asst Dist Mgr	
SIGNED TITLE TITLE	DATE
(This space for Federal or State of	Fice use)
ADDOMEST DE LA	DATE 9 89
CONDITIONS OF APPROVAL IF ANY:	
Subject to  Like Approval  by State	Side

RECEIVED

SEP 26 1984

