Form 9-331
Dec. 1973

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

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 well [X] gas well [ ] other

2. NAME OF OPERATOR
TEXACO Inc.

3. ADDRESS OF OPERATOR
P.O. Box 728, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 1980' FWL
AT TOP PROD. INTERVAL: Unit Ltr "F"
AT TOTAL DEPTH:

5. LEASE
~~LC-085247~~ 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.
50

10. FIELD OR WILDCAT NAME
Paduca Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T-25-S, R-32-E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

14. API NO.
30 025 08230

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3392' (DF)

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	[ ]		[ ]
FRACTURE TREAT	[ ]		[ ]
SHOOT OR ACIDIZE	[ ]		[ ]
REPAIR WELL	[ ]		[ ]
PULL OR ALTER CASING	[ ]		[ ]
MULTIPLE COMPLETE	[ ]		[ ]
CHANGE ZONES	[ ]		[ ]
ABANDON*	[ ]		[X]
(other)			

(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. Installed BOP.
2. Set CIBP at 4550'. Dumped 40' cmt. on CIBP.
3. Set cement retainer at 300'. Circ. 190 sx. class "H" Neat through bradenhead.
4. Spot w/10 sx on top of retainer.
5. Circ. 10 sx. cmt. to surface.
6. Installed dry hole marker. Cleaned location. Plugged and abandoned.

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

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

SIGNED W. B. Crum TITLE Dist. Opr. Mgr. DATE April 29, 1985

(This space for Federal or State office use)

APPROVED BY Mark Hall TITLE _____ DATE 5-6-86
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

PA posted 9/86 E

RECEIVED
MAY 12 1986