

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 gas ☐ well other ☒ Water Injection Well
2. NAME OF OPERATOR
Texaco Inc.
3. ADDRESS OF OPERATOR
P.O. Box 728, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
660' FNL & 1980' FWL
AT SURFACE: (Unit Letter 'C')
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

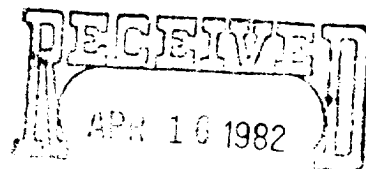
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

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) OF: Set CIBP above Perfs. &
Temporarily Abandon

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. Pull tubing & pkr.
2. Set CIBP @ 4550' & spot 40' Cement on plug. Tested Csg w/600# for 30 minutes, 8:00-8:30 AM, 4-12-82. Tested OK.
3. Load csg. w/inhibited water.
4. Well temporarily abandoned, 4-12-82.



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

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

SIGNED [Signature] TITLE Asst. Dist. Mgr DATE 4-14-82

APPROVED BY (Orig. Sgd.) PETER W. CHESTER DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APR 26 1982
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

APPROVED FOR 12 MONTH PERIOD
ENDING APR 12 1983

*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
9. WELL NO.
47
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
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3390' (DF)

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

RECEIVED

APR 27 1982

O.C.D.
HOBBS OFFICE