

UNITED STATES COPY TO O. O. G.
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 ☐ gas ☐ other ☒ Water Injection

2. NAME OF OPERATOR

TECACO 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: 660' FNL & 1980' FWL

AT TOP PROD. INTERVAL: (UNIT LETTER "C")

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Extension Request ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

APR 28 1980

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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)

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.)*

REMARKS

1. Well Status - Shut-in Injector

2. Temporary Abandonment Date - 3/1/79

3. Reason for Abandonment - Water channeling to Producing Wells

4. Future Plans - Evaluate for Remedial Work

5. Date of Future Workover or Plugging - 1st Quarter, 1981

This approval of temporary abandonment expires APR 01 1981

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

[Signature]

TITLE ASST. Dist. Supt. DATE 4/23/80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY.

*See Instructions on Reverse Side

APR 30 1980

Ket

DISTRICT SUPERVISOR

RECEIVED
MAY 6 1980
OIL CONSERVATION DIV