

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

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: 660' FNL & 2310' FEL
AT TOP PROD. INTERVAL: (Unit Letter B)
AT TOTAL DEPTH:

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

5. LEASE IC-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. 51	
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) 3397' (DF)	

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

EST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
RACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
HOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
EPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
ULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
HANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
BANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)	<input type="checkbox"/>	<input type="checkbox"/>

* To: Repair

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

7. 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. INSTALL PRODUCTION EQUIPMENT. TEST AND RETURN TO PRODUCTION.

Subsurface Safety Valve: Manu. and Type

8. 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 _____ TITLE PERSONNEL MANAGER DATE 7-25-67
CONDITIONS OF APPROVAL IF ANY:

CONDITIONS OF APPROVAL, IF ANY: