

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

88240 SE

LC-062300

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

G.E. Jordan Fed. NCT-1

9. WELL NO.

15

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.

30 025 8233

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

3390' (DF)

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:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

1980' FNL & 660' FWL

Unit Letter 'E'

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

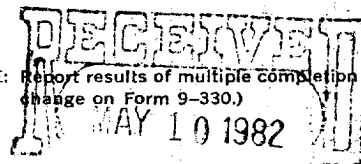
REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

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

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



OIL & GAS
U.S. GEOLOGICAL SURVEY
CROWLEY, NEW MEXICO

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 3 sx. Cement plug 4550' - 4515'.
3. Cut 4½" Csg. @ 2680' & pulled 80 Joints 4½" Csg. plus cut-off Jt.
4. Spot 35 sx. Cement plug from 2728' - 2562'.
5. Spot 35 Sx. Cement plug from 1333' - 1167'.
6. Spot 70 sx. Cement plug from 992' - 141'.

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 5-7-82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

DATE APPROVED

*See Instructions on Reverse Side

SEP 7 1982
JAMES A. CILLHAM
DISTRICT SUPERVISOR

RECEIVED

SEP 9 1982

**O.C.D.
HOBBS OFFICE**